



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: SMAVIPI**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle # _____ of 4</b>	
Date of Previous Cycle:			
<input type="checkbox"/> Delay treatment _____ week(s) for: <input type="checkbox"/> <b>Hepatotoxicity</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____			
May proceed with doses as written if within <b>96</b> hours <b>AST</b> or <b>ALT</b> <u>less than or equal to 2.5</u> times the upper limit of normal, <b>total bilirubin</b> <u>less than or equal to 1.5</u> times the upper limit of normal <b>Proceed with treatment based on blood work from</b> _____			
<b>TREATMENT:</b>			
<b>ipilimumab 3 mg/kg</b> x _____ kg = _____ mg IV in 50 to 250 mL NS over <b>30 minutes</b> using a 0.2 micron in-line filter.			
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and <b>Cycle #</b> _____			
<input type="checkbox"/> Last Treatment. Return in _____ week(s)			
<b>CBC and diff, platelets</b> , creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment.  <b>During treatment: weekly telephone nursing assessment</b> <b>After treatment: every _____ weekly telephone nursing assessment for _____ weeks</b>			
If clinically indicated: <input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of child bearing potential <input type="checkbox"/> <b>free T3 and free T4</b> <input type="checkbox"/> <b>lipase</b> <input type="checkbox"/> <b>morning serum cortisol</b> <input type="checkbox"/> <b>glucose</b> <input type="checkbox"/> <b>serum ACTH levels</b> <input type="checkbox"/> <b>testosterone</b> <input type="checkbox"/> <b>estradiol</b> <input type="checkbox"/> <b>FSH</b> <input type="checkbox"/> <b>LH</b> <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>Other Tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> See general orders sheet for additional requests.			
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>	
		<b>UC:</b>	