PROTOCOL CODE: BRAVPPN

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay Treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L, ALT less than or equal to 3 times the upper limit of normal, bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal *and* less than or equal to 1.5 times the baseline.**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity**_____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

For prior infusion reaction:

☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment

☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment

☐ **hydrocortisone 25 mg** IV 30 minutes prior to treatment

☐ **Other:**

TREATMENT:

pembrolizumab 2 mg/kg x _____ kg = _____ mg **(Maximum dose = 200 mg)**

IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter*

PACLitaxel NAB (ABRAXANE) 260 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____mg/m^2 x BSA = _____mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter*)

* Use separate infusion line and filter for each drug

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

PROTOCOL CODE: BRAVPPN

DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in **three** weeks for Doctor and Cycle _____ ☐ Last Cycle. Return in _____weeks.	
CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment If clinically indicated: ☐ **ECG** ☐ **Chest X-ray** ☐ **serum HCG or** ☐ **urine HCG** – required for woman of child bearing potential ☐ **Free T3 and free T4** ☐ **lipase** ☐ **morning serum cortisol** ☐ **creatine kinase** ☐ **GGT** ☐ **urea** ☐ **glucose** ☐ **CA15-3** ☐ **serum ACTH levels** ☐ **estradiol** ☐ **FSH** ☐ **LH** ☐ **Weekly nursing assessment** ☐ **Other consults:** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**