

**PROTOCOL CODE: LUAVPPMBM**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b> _____	<b>To be given:</b> _____	<b>Cycle #:</b> _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment		
May proceed with <b>pemetrexed</b> as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 45 mL/minute</b>		
May proceed with <b>pembrolizumab</b> as written if within 96 hours creatinine <b>less than or equal to 1.5</b> times the upper limit of normal and <b>less than or equal to 1.5</b> times the baseline, <b>ALT less than or equal to 3</b> times the upper limit of normal, <b>bilirubin less than or equal to 1.5</b> times the upper limit of normal		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____		
Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.  <b>dexamethasone 4 mg PO bid</b> for 3 days starting one day prior to each treatment  Ensure patient is taking <b>folic acid</b> and has had <b>vitamin B12</b> injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.  For prior infusion reaction to pembrolizumab:		
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg PO</b> 30 minutes prior to treatment <input type="checkbox"/> <b>acetaminophen 325 to 975 mg PO</b> 30 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 25 mg IV</b> 30 minutes prior to treatment		
<b>CHEMOTHERAPY:</b>  <b>pembrolizumab 2 mg/kg x _____ kg = _____ mg (max. 200 mg)</b> IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter  <b>pemetrexed 500 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 mL NS over 10 minutes		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____		
<input type="checkbox"/> Last Cycle. Return in _____ week(s)		
<b>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b> prior to each treatment <b>CBC &amp; Diff, Platelets</b> weekly during Cycles 1 and 2 <b>(continued on page 2)</b>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

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<b>DATE:</b>	
<p><b>Vitamin B12 injection</b> required every 9 weeks. Patient to obtain supply.</p> <p><input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____.</p> <p>If clinically indicated: <input type="checkbox"/> <b>ECG</b>   <input type="checkbox"/> <b>Chest X-ray</b></p> <p><input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of child bearing potential</p> <p><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></p> <p><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></p> <p><input type="checkbox"/> <b>Weekly nursing assessment</b></p> <p><input type="checkbox"/> <b>Other consults</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>