



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAJACTTG

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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: _____						
<input type="checkbox"/> Delay treatment _____ week(s)						
<input type="checkbox"/> CBC & Diff, platelets day of treatment For Cycle 1-4, May proceed with doses as written if within 24 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L For Cycle 5-8, May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 90 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. ondansetron 8 mg PO prior to AC treatment dexamethasone 8 mg or 12 mg (circle one) PO prior to AC treatment <input type="checkbox"/> aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3 <input type="checkbox"/> prochlorperazine 10 mg PO prn <input type="checkbox"/> metoclopramide 10 mg PO prn OR 45 Minutes Prior to PACLitaxel: dexamethasone 20 mg IV in NS 50 mL over 15 minutes 30 Minutes Prior to PACLitaxel: diphenhydramine 50 mg IV and ranitidine 50 mg IV in NS 50 mL over 20 minutes (compatible up to 3 hrs when mixed in bag) <input type="checkbox"/> Other: _____						
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8						
CHEMOTHERAPY: (Note – continued over 2 pages) <input type="checkbox"/> CYCLE # _____ (Cycle 1-4) DOXOrubicin 60 mg/m² x BSA = _____ mg Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push cyclophosphamide 600 mg/m² x BSA = _____ mg Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 100 to 250 mL over 20 minutes to 1 hour <p style="text-align: center;">*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 8 ***</p>						
DOCTOR'S SIGNATURE: _____						SIGNATURE: _____
						UC: _____



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DOCTOR'S ORDERS

DATE:

***** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 TO 4 *****

OR ☐ **DAY 1, CYCLE # 5 (Cycle 1 of trastuzumab (HERCEPTIN) and PACLitaxel)**

trastuzumab (HERCEPTIN) 8 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 1 hour 30 minutes; observe for 1 hour post infusion

DAY 2, CYCLE #5

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in NS 250 to 500 mL (non-DEHP bag) over 3 hours. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

OR

☐ **DAY 1, CYCLE # (Cycle 6)**

trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 1 hour; observe for 30 minutes post infusion

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in NS 250 to 500 mL (non-DEHP bag) over 3 hours. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

OR

☐ **DAY 1, CYCLE # (Cycle 7,8)**

trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes; observe for 30 minutes post infusion (not required after 3 treatments with no reaction)

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in NS 250 to 500 mL (non-DEHP bag) over 3 hours. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

acetaminophen 325 to 650 mg PO PRN for headache and rigors

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SIGNATURE:

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DOCTOR'S ORDERS	
DATE:	<div style="display: flex; justify-content: space-between;"> To be given: Cycle #: </div>
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor if cycles 1,2, 3, or 4 <input type="checkbox"/> Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____ Return in <input type="checkbox"/> two weeks or <input type="checkbox"/> three weeks for Doctor and Cycle 5 Day 1 and 2 (physician discretion) <input type="checkbox"/> Return in three weeks for Doctor and cycle 6,7, or 8 <input type="checkbox"/> Last Cycle. Return in three weeks for Doctor and BRAJTR (to continue single agent trastuzumab)	
<p>CBC & Diff, Platelets prior to each cycle</p> <p>Muga Scan or Echo prior to Cycle 5 and then every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months until completion of treatment</p> <p>Prior to Cycle 5: AST, Bilirubin</p> <p>If clinically indicated : <input type="checkbox"/> Creatinine <input type="checkbox"/> Muga Scan <input type="checkbox"/> Echocardiogram</p> <p style="margin-left: 100px;"><input type="checkbox"/> AST <input type="checkbox"/> Bilirubin</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: