



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: BRAVTRVIN

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<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 doses as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <input type="checkbox"/> <b>prochlorperazine 10 mg</b> PO prior to treatment <input type="checkbox"/> <b>metoclopramide 10 to 20 mg</b> PO prior to treatment <input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV in 50 mL NS over 20 minutes pre-vinorelbine (for patients who have had phlebitis) <input type="checkbox"/> <b>Other:</b> _____				
<b>CHEMOTHERAPY:</b> (Note – continued over 2 pages) <input type="checkbox"/> <b>Cycle 1 ONLY</b> <b>trastuzumab (HERCEPTIN) 8 mg/kg</b> x _____ kg = _____ mg IV in NS 250 mL over 1 hour 30 minutes on Day 1 only. Observe for 60 minutes post infusion. <b>vinorelbine 35 mg/m<sup>2</sup>/day or 30 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS 50 mL over 6 minutes <b>Day 1 and Day 8</b> . Flush vein with NS 75 to 125 mL following infusion. <input type="checkbox"/> <b>Cycle 2 ONLY</b> <b>trastuzumab (HERCEPTIN) 6 mg/kg</b> x _____ kg = _____ mg IV in NS 250 mL over 1 hour on Day 1 only. Observe for 30 minutes post infusion. <b>vinorelbine 35 mg/m<sup>2</sup>/day or 30 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS 50 mL over 6 minutes <b>Day 1 and Day 8</b> . Flush vein with NS 75 to 125 mL following infusion. <input type="checkbox"/> <b>Cycle 3 onwards</b> <b>trastuzumab (HERCEPTIN) 6 mg/kg</b> x _____ kg = _____ mg IV in NS 250 mL over 30 minutes on Day 1 only. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction). <b>vinorelbine 35 mg/m<sup>2</sup>/day or 30 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS 50 mL over 6 minutes <b>Day 1 and Day 8</b> . Flush vein with NS 75 to 125 mL following infusion. <b>acetaminophen 325 mg to 650 mg</b> PO PRN for headache and rigors				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

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## DOCTOR'S ORDERS

DATE:

Chemotherapy: (Continued)

DOSE MODIFICATION DAY 8:

**vinorelbine 30 mg/m<sup>2</sup>/day** x BSA = \_\_\_\_\_ mg

☐ Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 50 mL over 6 minutes **Day 8**. Flush vein with NS 75 to 125 mL following infusion.

## RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo Day 1 and 8.

☐ Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets** prior to each treatment

If clinically indicated: ☐ **Creatinine** ☐ **Bilirubin** ☐ **ALT** ☐ **Alk Phos**

☐ **ECG** ☐ **Echocardiogram** ☐ **MUGA Scan**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: