



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: BRAJTDC

PAGE 1 OF 2

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 $1.5 \times 10^9/L$, Platelets greater than $90 \times 10^9/L$**

Dose modification for: ☐ Hematology ☐ 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 treatment

dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCEtaxe; patient must receive 3 doses prior to treatment

Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.

☐ Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY: (Note – continued over 2 pages)

☐ **CYCLE # 1**

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

cyclophosphamide 600 mg/m² x BSA = _____ mg

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

IV in 100 to 250 mL NS over 20 minutes to 1 hour

DOCEtaxel 75 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL NS over 1 hour (use non-DEHP bag and tubing)

***** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 TO 4 *****

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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: BRAJTDC PAGE 2 OF 2

DOCTOR'S ORDERS (Page 2 of 2)

DATE:

To be given:

Cycle #:

CHEMOTHERAPY: (Continued)

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 ***

- ☐ **CYCLE # 2**
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 1 hour. Observe for 30 minutes post-infusion.
- cyclophosphamide 600 mg/m²** x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV in NS 100 to 250 mL over 20 minutes to 1 hour
- DOCEtaxel 75 mg/m²** x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV in NS 250 to 500 mL over 1 hour (use non-DEHP bag and tubing)
- ☐ **CYCLES # 3-4:**
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 30 minutes. Observe for 30 minutes post-infusion (not required after 3 treatments with no reactions)
- cyclophosphamide 600 mg/m²** x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV in NS 100 to 250 mL over 20 minutes to 1 hour
- DOCEtaxel 75 mg/m²** x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV in NS 250 to 500 mL NS over 1 hour (use non-DEHP bag and tubing)

acetaminophen 325 mg to 650 mg PO PRN for headache and rigors.

RETURN APPOINTMENT ORDERS

- ☐ Return in **three** weeks for Doctor and Cycle _____
- ☐ Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____
- ☐ Last Cycle. Return in **three** weeks for Doctor and **BRAJTR** (to continue single agent trastuzumab)

CBC & Diff, Platelets prior to each cycle

Prior to Cycle 1: **Creatinine, Bilirubin, Alk Phos, AST, ALT**

Prior to Subsequent Cycles if clinically indicated:

- ☐ **Bilirubin** ☐ **Creatinine** ☐ **Tot. Prot** ☐ **Albumin** ☐ **GGT**
☐ **AST** ☐ **LDH** ☐ **ALT** ☐ **Alk Phos** ☐ **BUN**

☐ **Other tests:**

☐ **MUGA scan or Echo:** Prior to Cycle 1 and every then every ☐ 3 months or ☐ 4 months during trastuzumab treatment

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: