



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: BRAVPTRAD

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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 If ordered, may proceed with doses as written if within 96 hrs ANC <u>greater than or equal to</u> 1.5 x 10⁹/L, Platelets <u>greater than</u> 100 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 _____. dexamethasone 8 mg PO bid for 3 days, starting one day prior to DOCETaxel treatment; 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. <input type="checkbox"/> Other: _____						
Have Hypersensitivity Reaction Tray and Protocol Available						
CHEMOTHERAPY:						
<input type="checkbox"/> CYCLE # 1						
DAY 1						
PERTuzumab 840 mg IV in 250 mL NS over 1 hour. Observe for 1 hour post-infusion						
DAY 2						
trastuzumab (HERCEPTIN) 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour 30 minutes Observe for 1 hour post infusion.						
DOCETaxel 75 mg/m² x BSA = _____ mg						
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour (use non-DEHP tubing)						
OR						
<input type="checkbox"/> CYCLE # _____ (Cycle 2 to 8)						
PERTuzumab 420 mg IV in 250 mL NS Cycle 2: over 1 hour. Observe for 30 minutes to 1 hour post infusion. Cycle 3 onwards: over 30 minutes. Observe for 30 minutes to 1 hour post infusion.*						
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes to 1 hour Observe for 30 minutes post infusion*.						
DOCETaxel 75 mg/m² x BSA = _____ mg						
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use non-DEHP tubing)						
OR						
<input type="checkbox"/> CYCLE # _____ (PERTuzumab and trastuzumab only)						
PERTuzumab 420 mg IV in 250 mL NS over 30 minutes.						
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes.						
*Observation period not required after 3 treatments with no reaction.						
acetaminophen 325 to 650 mg PO PRN for headache and rigors						
DOCTOR SIGNATURE:						UC SIGNATURE:



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DOCTOR'S ORDERS (Page 2 of 2)

DATE:

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle_____.

☐ Return in _____ weeks for Doctor and Cycle(s) _____.

☐ Last Cycle. Return in _____ weeks.

Prior to cycles containing docetaxel (i.e., **cycles 1 to 9 only**): CBC & Diff, Platelets

Prior to **Cycle 4**: Bilirubin, AST, ALT, GGT, Alk Phos

☐ CBC & Diff, platelets

If clinically indicated: ☐ Tot. Prot ☐ Albumin ☐ Bilirubin ☐ GGT ☐ Alk Phos.

☐ AST ☐ LDH ☐ ALT ☐ BUN ☐ Creatinine

☐ Echocardiogram ☐ MUGA Scan

☐ Other tests: ☐ ECG

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: