

PROTOCOL CODE: BRAJDCARBT

(Page 1 of 2)

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 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 or equal to $100 \times 10^9/L$					
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 CARBOplatin treatment For DOCEtaxel: dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCEtaxel. 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: (Note – continued over 2 pages)					
<input type="checkbox"/> CYCLE 1 only 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 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing). CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 250 mL NS over 30 minutes.					
<input type="checkbox"/> CYCLE 2 only trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 1 hour. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction) DOCEtaxel 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing). CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 250 mL NS over 30 minutes.					
*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 3 TO 6 ***					
DOCTOR'S SIGNATURE:					SIGNATURE: UC:

PROTOCOL CODE: BRAJDCARBT

(Page 2 of 2)

DATE:

CHEMOTHERAPY: (Continued)

***** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 AND 2 *****

☐ **CYCLE 3 to 6**

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)

DOCEtaxel 75 mg/m² x BSA = _____ mg

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

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

CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg

☐ Dose Modification: _____ % = _____ mg

IV in 250 mL NS over 30 minutes.

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

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____ (maximum 6).

☐ 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 (for single agent trastuzumab).

CBC and Diff, Platelets, Creatinine prior to each cycle.

MUGA scan or echocardiogram prior to Cycle 1 and Cycle 5 and then every ☐ 3 months or ☐ 4 months until completion of treatment

If clinically indicated on subsequent cycles: ☐ Bilirubin ☐ Tot. Prot ☐ Albumin

☐ GGT ☐ LDH ☐ ALT ☐ Alk Phos

If clinically indicated: ☐ Echocardiogram ☐ MUGA Scan

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: