BC Cancer Agency
CARE & RESEARCH

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: BRAJACTT **(Page 1 of 3)**

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:

☐ 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 x 10^9/L, Platelets greater than 90 x 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 AC treatment

dexamethasone 8 mg or **12 mg** (circle one) PO prior to AC treatment

☐ **aprepitant 125 mg** PO pre-chemotherapy on Day 1 and **80 mg** PO post-chemotherapy once daily on Days 2 and 3

☐ **prochlorperazine 10 mg** PO prn

☐ **metoclopramide 10 mg** PO prn

OR

45 Minutes Prior to PACLitaxel: dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 Minutes Prior to PACLitaxel: diphenhydrAMINE 50 mg IV and **ranitidine 50 mg** IV in 50 mL NS over 20 minutes (compatible up to 3 hrs when mixed in bag)

☐ **Other:**

****Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8****

CHEMOTHERAPY: (Note – continued over 2 pages)

☐ **CYCLE #_____ (Cycle 1-4)**

DOXOrubicin 60 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV push

cyclophosphamide 600 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

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

***** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 8 *****

DOCTOR SIGNATURE: | UC SIGNATURE:

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DOCTOR'S ORDERS (Page 2 of 3)

DATE: **To be given:** **Cycle #:**

CHEMOTHERAPY: (Continued)

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

DAY 1

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

PACLitaxel 175 mg/m^2 x BSA =_____ mg

☐ Dose Modification: _____ mg/m^2 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/m^2 x BSA =_____ mg

☐ Dose Modification: _____ mg/m^2 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 NS 250 mL over 30 minutes. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction).

PACLitaxel 175 mg/m^2 x BSA =_____ mg

☐ Dose Modification: _____ mg/m^2 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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DOCTOR'S ORDERS (Page 3 of 3)

DATE: **To be given:** **Cycle #:**

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle_____ (Book Cycle #5 as Day 1 and 2)

☐ Last Cycle. Return in **three** weeks for BRAJTR (to continue single agent trastuzumab)

CBC & Diff, Platelets prior to each cycle

Muga Scan or Echo prior to Cycle 5 and then every ☐ 3 months or ☐ 4 months until completion of treatment

Prior to **Cycle 5:** **AST, Bilirubin**

If clinically indicated : ☐ **Creatinine** ☐ **Muga Scan** ☐ **Echocardiogram**

☐ **AST** ☐ **Bilirubin**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: