



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: BRAVTRAD

(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 $90 \times 10^9/L$ Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity Proceed with treatment based on blood work from _____					
PREMEDICATIONS: 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.					
Have Hypersensitivity Reaction Tray and Protocol Available					
CHEMOTHERAPY: <input type="checkbox"/> DAY 1, CYCLE 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 DOCEtaxel 100 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 2 trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 1 hour; observe for 30 minutes post infusion DOCEtaxel 100 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 3 and Subsequent: 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 100 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) acetaminophen 325 mg to 650 mg PO PRN for headache and rigors					
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: BRAVTRAD

(Page 2 of 2)

RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____.	
<input type="checkbox"/> Last Cycle. Return in _____ weeks.	
CBC & Diff, Platelets prior to each cycle Prior to Cycle 4 : Bilirubin, AST, ALT, GGT, Alk Phos If clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> MUGA Scan <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: