

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: BRAVTRAP

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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 May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 90 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity Proceed with treatment based on blood work from _____				
PREMEDICATIONS:				
<u>45 minutes prior to PACLitaxel:</u>				
Dexamethasone 20 mg IV in 50 mL NS over 15 minutes				
<u>30 minutes prior to PACLitaxel:</u>				
diphenhydrAMINE 50 mg IV and Ranitidine 50 mg IV in 50 mL NS over 20 minutes (Compatible up to 3 hours when mixed in bag)				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY: (<i>Note – continued over 2 pages</i>)				
<input type="checkbox"/> DAY 1, 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.				
DAY 2, CYCLE #1				
PACLitaxel 175 mg/m ² = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg				
IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter)				
OR				
<input type="checkbox"/> Cycle 2				
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over NS over 1 hour. Observe for 30 minutes post infusion.				
PACLitaxel 175 mg/m ² = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg				
IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter)				
*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 3 to 6***				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	



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CHEMOTHERAPY: (Continued)

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

OR

☐ **Cycle 3 and Subsequent: (Cycles 3 to 6)**

trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over NS over 30 minutes** every three weeks x _____ Cycle(s). Observe for 30 minutes post infusion*.

PACLitaxel 175 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

*Observation period not required after 3 treatments with no reaction

** 30 minute infusion time for cycle 3 and all subsequent cycles, if no previous adverse reactions.

acetaminophen 325 mg – 650 mg PO PRN for headache and rigors

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____.

☐ Last Cycle. Return in _____ weeks.

CBC & Diff, Platelets prior to each cycle

If clinically indicated: ☐ **Total Bilirubin** ☐ **AST**

☐ **Other tests:** ☐ **ECG** ☐ **Echocardiogram** ☐ **MUGA Scan**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: