



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAJTTW

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DOCTOR'S ORDERS

DATE:

CHEMOTHERAPY: (Continued)

***** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 *****

CYCLE # 2

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour once every 3 weeks. Observe for 30 minutes post infusion.

Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
trastuzumab		

PACLitaxel **80 mg/m²** OR _____ mg/m² (select one) x BSA = _____ mg

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

IV in **100 to 500 mL** (non-DEHP bag) NS over 1 hour once weekly x 3 weeks (use non-DEHP tubing with 0.2 micron in-line filter)

CYCLE # 3 and 4

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes once every 3 weeks. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction).

Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
trastuzumab		

PACLitaxel **80 mg/m²** OR _____ mg/m² (select one) x BSA = _____ mg

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

IV in **100 to 500 mL** (non-DEHP bag) NS over 1 hour once weekly x 3 weeks (use non-DEHP tubing with 0.2 micron in-line filter)

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

DOCTOR'S SIGNATURE:

UC

SIGNATURE:



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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. (Book chemo room weekly x 3 for cycles 1 – 4, then switch to BRAJTR). <input type="checkbox"/> Last Cycle. Return in three weeks for Doctor and BRAJTR (to continue single agent trastuzumab).	
CBC & Diff, Platelets prior to each weekly dose If clinically indicated: <input type="checkbox"/> Total Bilirubin <input type="checkbox"/> ALT <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:	UC SIGNATURE: