



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: BRLAACDT (Page 2 of 2)

DOCTOR'S ORDERS (Page 2 of 2)

DATE: _____ To be given: _____ Cycle #: _____

CHEMOTHERAPY: (Continued)

***** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 TO 4 *****

CYCLE # 5 (Cycle 1 of Trastuzumab/Docetaxel)

Trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour 30 minutes. Observe for 1 hour post infusion*.

Docetaxel 100 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL NS (non-PVC bag) over 1 hour (Use non-PVC tubing)

CYCLE # 6

Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour. Observe for 30 minutes post infusion.

Docetaxel 100 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL NS (non-PVC bag) over 1 hour (Use non-PVC tubing)

CYCLE # 7 and # 8:

Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over NS over 30 minutes. Observe for 30 minutes post infusion*.

*Observation period not required after 3 treatments with no reaction

Docetaxel 100 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL NS (non-PVC bag) over 1 hour (Use non-PVC tubing)

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

RETURN APPOINTMENT ORDERS

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

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

CBC & Diff, Platelets prior to each cycle

Prior to **Cycle 5: Bilirubin, AST, ALT, Alk Phos**

If clinically indicated:

Tot. Prot Albumin Bilirubin GGT Alk Phos.

AST LDH ALT Creatinine

Other tests:

MUGA scan or Echo: prior to Cycle 5 and every 12 weeks to completion of treatment

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____