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: BRAJDCARBT

（Page 1 of 3）

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht________cm Wt________kg BSA________m²</th>
</tr>
</thead>
</table>

REMEMBER: 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 10⁹/L, Platelets greater than or equal to 100 x 10⁹/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 CARBOplatin treatment

For DOCEtaxel: dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCEtaxel. 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.

☐ Other:

** Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY: (Note – continued over 2 pages)

☐ CYCLE 1 only

traztuzumab 8 mg/kg x _______ kg = ___________ mg IV in 250 mL NS over 1 hour 30 minutes. Observe for 1 hour post infusion.

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>traztuzumab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOCEtaxel 75 mg/m² x BSA = _______mg

☐ Dose Modification: _______ % = _______ mg/m² x BSA = _______ mg

IV in 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing).

CARBOplatin AUC 6

Dose = AUC x (GFR +25) = _______ mg

☐ Dose Modification: _______ % = _______ mg

IV in 250 mL NS over 30 minutes.

*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 TO 6 ***

DOCTOR’S SIGNATURE: 

UC SIGNATURE: 

BC Cancer Provincial Preprinted Order BRAJDCARBT

Created: Aug 1, 2007 Revised: 1 Feb 2020 (Biosimilar section added)
**DATE:**

**CHEMOTHERAPY: (Continued)**

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

- **CYCLE 2 only**
  
  trastuzumab 6 mg/kg x _______ kg = ____________ mg IV in NS 250 mL over 1 hour. 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>trastuzumab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOCETaxel 75 mg/m$^2$ x BSA = _______ mg

- Dose Modification: _______% = _______ mg/m$^2$ x BSA = ___________ mg

  IV in 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing).

CARBOplatin AUC 6 Dose = AUC x (GFR +25) = __________ mg

- Dose Modification: _______% = _______ mg

  IV in 250 mL NS over 30 minutes.

- **CYCLE 3 to 6**
  
  trastuzumab 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)

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>trastuzumab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOCETaxel 75 mg/m$^2$ x BSA = _______ mg

- Dose Modification: _______% = _______ mg/m$^2$ x BSA = ___________ mg

  IV in 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing).

CARBOplatin AUC 6 Dose = AUC x (GFR +25) = __________ mg

- Dose Modification: _______% = _______ mg

  IV in 250 mL NS over 30 minutes.

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

**DOCTOR'S SIGNATURE:**

**UC SIGNATURE:**
### RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle _________ (maximum 6).
- Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day______
- Last Cycle. Return in **three** weeks for Doctor and BRAJTR (for single agent trastuzumab).

- **CBC and Diff, Platelets, Creatinine** prior to each cycle.
- **MUGA scan or echocardiogram** prior to Cycle 1 and Cycle 5 and then every □ 3 months or □ 4 months until completion of treatment
- If clinically indicated on subsequent cycles: □ Bilirubin □ Tot. Prot □ Albumin □ GGT □ LDH □ ALT □ Alk Phos
- If clinically indicated: □ Echocardiogram □ MUGA Scan
- □ Other tests:
- □ Consults:
- □ See general order sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**UC SIGNATURE:**