

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: BRAJPNT

(Page 1 of 2)

| DOCTOR'S ORDERS Ht | m Wtkg BSAm² | | | | |
|---|--|--|--|--|--|
| REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form | | | | | |
| DATE: To be given: | Cycle #: | | | | |
| Date of Previous Cycle: | | | | | |
| Number of PACLitaxel or DOCEtaxel doses completed to date | Number of PACLitaxel or DOCEtaxel doses completed to date: | | | | |
| Number of trastuzumab doses completed to date: | | | | | |
| ☐ 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 10 ⁹ /L, Platelets greater than or equal to 100 x 10 ⁹ /L, Bilirubin less than or equal to 1.5 x ULN, AST or ALT less than or equal to 10 x ULN | | | | | |
| Dose modification for: | | | | | |
| Proceed with treatment based on blood work from | | | | | |
| PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm | | | | | |
| ☐ Other: | | | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | | |
| CHEMOTHERAPY: (Note – continued over 2 pages) | | | | | |
| ☐ Patients who have received only ONE cycle of trastuzumab previously | | | | | |
| trastuzumab 6 mg/kg x kg =mg IV in NS 250 mL over 1 hour. 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 NAB (ABRAXANE) 260 mg/m² x BSA =mg Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) *** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 and beyond *** | | | | | |
| 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 BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAJPNT

(Page 2 of 2)

| DATE: | | To be given: | Cycle #: | |
|---|--|--|-------------------------|------------------------------|
| CHEMOTHERAPY: (Continued) | | | | |
| *** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 *** | | | | |
| <u>OR</u> □ Pat | ients who have i | received TWO cycles or more of trastuzumah previous | slv | |
| Patients who have received TWO cycles or more of trastuzumab previously | | | | |
| trastuzumab 6 mg/kg x kg = mg IV in NS 250 mL over 30 minutes. Observe for 30 minutes post-infusion (not required after 3 treatments with no reaction). | | | | |
| Ph | armacy to select | t trastuzumab brand as per Provincial Systemic Thera | py Policy III-190 | |
| | Drug Brand (Pharmacist to complete. Please print.) Pharmacist Initial and Date | | nd Date | |
| | trastuzumab | | | |
| PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA = mg | | | | |
| ☐ Dose Modification:mg/m² x BSA =mg | | | | |
| IV d | over 30 minutes | (in empty sterile PVC, non-PVC or non-DEHP bag an | d tubing; use tubing wi | ith 15 micron filter) |
| 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 inweeks. | | | | |
| CBC & Diff, Platelets, bilirubin, ALT, creatinine prior to each cycle | | | | |
| MUGA Scan or Echocardiogram every ☐ 3 months or ☐ 4 months from onset of trastuzumab and upon completion of treatment | | | | |
| If clinically indicated: alkaline phosphatase GGT BUN | | | | |
| ☐ Other tests: | | | | |
| ☐ Consults: | | | | |
| ☐ Se | ☐ See general orders sheet for additional requests. | | | |
| DOCTORIC CICNATURE. | | | CICNATURE | |
| DOCTOR'S SIGNATURE: | | SIGNATURE: | | |
| | | | | UC: |