**DOCTOR'S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
</tr>
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</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

<table>
<thead>
<tr>
<th>To be given</th>
<th>Cycle #</th>
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**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 10^9/L, Platelets greater than 90 x 10^9/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 treatment
- **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

  **Trastuzumab (HERCEPTIN) 8 mg/kg**

  - x _______ kg =__________mg IV in 250 mL NS over 1 hour 30 minutes.
  - Observe for 1 hour post-infusion.

  **Cyclophosphamide 600 mg/m^2**

  - x BSA = _______ mg
  - Dose Modification: ________% = ________ mg/m^2 x BSA = ____________ mg
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour

  **DOCEtaxel 75 mg/m^2**

  - x BSA = _______mg
  - Dose Modification: ________% = ________ mg/m^2 x BSA = ____________ mg
  - IV in 250 to 500 mL NS over 1 hour (use non-DEHP bag and tubing)

***** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 TO 4 ***

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**
**DOCTOR’S ORDERS (Page 2 of 2)**

**DATE:** To be given: **Cycle #:**

**CHEMOTHERAPY: (Continued)**

**Cyclophosphamide 600 mg/m² x BSA = ______ mg**

- Dose Modification: ______% = ______ mg/m² x BSA = ______ mg
- IV in NS 100 to 250 mL over 20 minutes to 1 hour

**Docetaxel 75 mg/m² x BSA = ______ mg**

- Dose Modification: ______% = ______ mg/m² x BSA = ______ mg
- IV in NS 250 to 500 mL over 1 hour (use non-DEHP bag and tubing)

**Cycles # 3-4:**

**Trastuzumab (HERCEPTIN) 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 reactions)**

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

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle ______
- 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** (to continue single agent trastuzumab)

**CBC & Diff, Platelets prior to each cycle**

Prior to Cycle 1: **Creatinine, Bilirubin, Alk Phos, AST, ALT**

Prior to subsequent cycles if clinically indicated:

- Bilirubin
- Creatinine
- Tot. Prot
- Albumin
- GGT
- AST
- LDH
- ALT
- Alk Phos
- BUN

- Other tests:
  - **MUGA scan or Echo:** Prior to Cycle 1 and every then every 3 months or 4 months during trastuzumab treatment

- **Consults:**
  - See general orders sheet for additional requests

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**