**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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REMINDER: 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 10^9/L, Platelets greater than or equal to 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 DOCEtaxe; 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: ______________________________________________________________________________________

**CHEMOTHERAPY:**

(Note – continued over 2 pages)

- [ ] CYCLE # 1

  trastuzumab 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 trastuzumab brand as per Provincial Systemic Therapy Policy III-190

<table>
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<tr>
<th>Drug</th>
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cyclophosphamide 600 mg/m² x BSA = ________ mg

- [ ] Dose Modification: ________% = ________ mg/m² x BSA = ________ mg

  IV in 100 to 250 mL NS over 20 minutes to 1 hour

DOCEtaxel 75 mg/m² x BSA = ________mg

- [ ] Dose Modification: ________% = ________ mg/m² 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:**

UC SIGNATURE:
DOCTOR'S ORDERS

DATE:                                                       To be given:                                                Cycle #:

CHEMOTHERAPY: (Continued)

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

☐ CYCLE # 2
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

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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 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)

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

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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 NS over 1 hour (use non-DEHP bag and tubing)

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

DOCTOR'S SIGNATURE:                                               UC
SIGNATURE:

BC Cancer Provincial Preprinted Order BRAJTDC
Created: 01 Sep 2012   Revised: 1 Feb 2020 (Biosimilar section added)
**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, ALT**

Prior to Subsequent Cycles if clinically indicated:

- Bilirubin  □  Creatinine  □  Tot. Prot  □  Albumin  □  GGT
- 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:**

**UC SIGNATURE:**