**PROTOCOL CODE: BRAJTDC**

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
</tr>
</thead>
</table>

**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

Proced 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 (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)

**Signature:**

**UC:**

**Have Hypersensitivity Reaction Tray and Protocol Available**

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

BC Cancer Provincial Preprinted Order BRAJTDC
Created: 01 Sep 2012   Revised: 1 Aug 2019
## DOCTOR’S ORDERS (Page 2 of 2)

### CHEMOTHERAPY: (Continued)

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

- **CYCLE # 2**
  - trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = ________mg IV in NS 250 mL over 1 hour. Observe for 30 minutes post-infusion.
  - 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)
  - 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.

### 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:  

### SIGNATURE:  

UC: