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: BRAVPTRAD**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht ______ cm</th>
<th>Wt ______ kg</th>
<th>BSA ______ 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

If ordered, may proceed with doses as written if within 96 hrs 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

**PREMEDICATIONS:**

- [ ] Patient to take own supply. RN/Pharmacist to confirm
- [ ] dexamethasone 8 mg PO bid for 3 days, starting one day prior to DOCEtaxel treatment; 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:**

- [ ] Cycle # 1

**DAY 1**

PERTuzumab 840 mg IV in 250 mL NS over 1 hour. Observe for 1 hour post-infusion

**DAY 2**

trastuzumab (HERCEPTIN) 8 mg/kg x ______ kg = ________ mg IV in 250 mL NS over 1 hour 30 minutes

Observe for 1 hour post infusion. Do not substitute HERCEPTIN with trastuzumab biosimilar.

DOCEtaxel 75 mg/m² x BSA = ________ mg

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

IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour (use non-DEHP tubing)

**OR**

**DAY 2**

PERTuzumab 420 mg IV in 250 mL NS over 1 hour. Observe for 30 minutes to 1 hour post infusion.

trastuzumab (HERCEPTIN) 6 mg/kg x ______ kg = ________ mg IV in NS 250 mL over NS over 1 hour. Observe for 30 minutes post infusion. Do not substitute HERCEPTIN with trastuzumab biosimilar.

DOCEtaxel 75 mg/m² x BSA = ________ mg

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

IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use non-DEHP tubing)


**SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 3 to 8***

| DOCTOR SIGNATURE: | UC SIGNATURE: |
DOCTOR'S ORDERS (Page 2 of 2)

DATE:

CHEMOTHERAPY: (Continued)

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 AND 2 ***

OR

☐ CYCLE # 3 (Cycle 3 to 8)
PERTuzumab 420 mg IV in 250 mL NS 30 minutes. Observe for 30 minutes to 1 hour post infusion.*
trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg =__________mg IV in 250 mL NS over 30 minutes.
Observe for 30 minutes post infusion*. Do not substitute HERCEPTIN with trastuzumab biosimilar.

docetaxel 75 mg/m² x BSA =_________ mg
☐ Dose Modification: ________% = __________mg/m² x BSA = __________ mg
IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use non-DEHP tubing)

OR

☐ CYCLE # _____________________ (PERTuzumab and trastuzumab only)
PERTuzumab 420 mg IV in 250 mL NS over 30 minutes.
trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg =_________mg IV in 250 mL NS over 30 minutes.
*Observation period not required after 3 treatments with no reaction. Do not substitute HERCEPTIN with trastuzumab biosimilar.

acetaminophen 325 to 650 mg PO PRN for headache and rigors

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle______________________.

☐ Return in ________ weeks for Doctor and Cycle(s) ________________.

☐ Last Cycle. Return in ________ weeks.

Prior to cycles containing docetaxel (i.e., cycles 1 to 9 only): CBC & Diff, Platelets

Prior to Cycle 4: Bilirubin, ALT, GGT, Alk Phos

☐ CBC & Diff, platelets

If clinically indicated: ☐ Tot. Prot ☐ Albumin ☐ Bilirubin ☐ GGT ☐ Alk Phos.
☐ LDH ☐ ALT ☐ BUN ☐ Creatinine
☐ Echocardiogram ☐ MUGA Scan

☐ Other tests: ☐ ECG

Consults:

☐ See general orders sheet for additional requests.

DOCTOR SIGNATURE: