**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:**

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
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</table>

**□ 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 10^9/L**, **Platelets greater than 100 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 ___________________________.
|----------------|---------------------------------------------------------------------|
| 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.
    - **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 # _________ (Cycle 2 to 8)**
  - **PERTuzumab 420 mg** IV in 250 mL NS Cycle 2: over 1 hour. Observe for 30 minutes to 1 hour post infusion.
  - Cycle 3 onwards: over 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 to 1 hour
      - Observe for 30 minutes post infusion*.
    - **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.
  - **acetaminophen 325 to 650 mg** PO PRN for headache and rigors

**DOCTOR SIGNATURE:**

<table>
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<tr>
<th>UC SIGNATURE:</th>
<th></th>
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**DOCTOR’S ORDERS (Page 2 of 2)**

**DATE:**

**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, AST, ALT, GGT, Alk Phos

- CBC & Diff, platelets

If clinically indicated:  
- Tot. Prot  
- Albumin  
- Bilirubin  
- GGT  
- Alk Phos.

- AST  
- LDH  
- ALT  
- BUN  
- Creatinine

- Echocardiogram  
- MUGA Scan

Other tests:  
- ECG

Consults:

See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**  
**SIGNATURE:**

**UC:**