**PROTOCOL CODE: BRAVPTRAT**

**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

If ordered, may proceed with doses as written if within 24 hrs **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/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 ___________________________.

- 45 Minutes Prior to PACLitaxel: **dexamethasone 20 mg IV in NS 50 mL over 15 minutes**
- 30 Minutes Prior to PACLitaxel: **diphenhydrAMINE 50 mg IV and ranitidine 50 mg IV in NS 50 mL over 20 minutes**
  (compatible up to 3 hrs when mixed in bag)
- [ ] Other:

**CHEMOTHERAPY:** (Note – continued over 2 pages)

**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.

- **PACLitaxel 175 mg/m² OR 150 mg/m²** (circle one) x BSA = ________ mg
  - [ ] Dose Modification: _______% = ________ mg/m² x BSA = ________ mg
  - IV in NS 500 mL (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter.)

**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.

- **PACLitaxel 175 mg/m² OR 150 mg/m²** (circle one) x BSA = ________ mg
  - [ ] Dose Modification: _______% = ________ mg/m² x BSA = ________ mg
  - IV in NS 500 mL (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter.)

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

**DOCTOR SIGNATURE:**

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

**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 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.
  - Observe for 30 minutes post infusion*. Do not substitute HERCEPTIN with trastuzumab biosimilar.

- **PACLitaxel 175 mg/m² OR 150 mg/m² (circle one) x BSA = ________ mg**
  - Dose Modification: _____% = ________ mg/m² x BSA = ________ mg
  - IV in NS 500 mL (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter.)

**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__________
- Last Cycle. Return in ________ weeks.

Prior to cycles containing PACLitaxel (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:

**SIGNATURE:**

**UC:**