

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 <a href="https://www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: BRAVPTRVIN

Page 1 of 3

DOC	TOR'S ORDI	ERS	Ht	_cm	Wt	kg	BSA	m²	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form									
DATE		To be given:			Cycle #:				
Date o	of Previous Cycle:								
	-	week(s)							
	CBC & Diff, platelets day of treatment								
-	Cycles 1 to 8:								
	May proceed with doses as written on <b>Day 1</b> if within 96 hours <b>ANC</b> greater than or equal to 1.0 x 10 <sup>9</sup> /L, <b>Platelets</b> greater than or equal to 100 x 10 <sup>9</sup> /L								
May p	May proceed with doses as written on <b>Day 8</b> if within 24 hours <b>ANC</b> greater than or equal to 1.0 x 10 <sup>9</sup> /L, <b>Platelets</b> greater than or equal to 100 x 10 <sup>9</sup> /L								
Dose	modification for:	: Hematology 🔲 🤇	Other Toxicity						
Proce	Dose modification for:								
PRE	MEDICATION:	<b>S:</b> Patient to take own supply. F		confir	m				
□pre	ochlorperazine	• 10 mg PO or ☐ metocloprami	i <b>de 10 ma</b> PO prio	or to ti	reatment				
-	-	00 mg IV in 50 mL NS over 20 m	• .			nts who hav	e had phle	bitis)	
□ Ot		<b>3</b>	,				'	,	
		**Have Hypersensitivity Ro	eaction Tray and	Prot	ocol Avai	lable**			
CHEI	MOTHEDADY	: (Note – continued over 2	nages)						
		. (Note - Continued Over 2	pages,						
_	YCLE#1	N/: 050 1 NO 11	<b>-</b> 4 0:		4.1				
PERI	uzumab 840 m	g IV in 250 mL NS over 1 hour o	n <b>Day 1</b> . Observ	e for 1	l hour pos	st-intusion			
vinor	albina 25 ma/m	2/day v BCA – ma							
vinorelbine 25 mg/m²/day x BSA = mg									
	☐ Dose Modification:% = mg/m² x BSA = mg  IV in NS 50 mL over 6 minutes on <b>Day 1 and Day 8.</b> Flush vein with NS 75 to 125 mL following infusion.								
	m NO 00 me ove	n o minutes on buy I and buy o	. I lasti velli wiai	110 70	710 120 111	i Lionowing	illiasion.		
trastu	ızumab 8 mg/ke	<b>g</b> x kg =m	na IV in 250 mL N	S ove	r 1 hour 3	30 minutes	on <b>Dav 2</b> .		
	rve for 1 hour po		3						
Pha	Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190								
	Drug	Brand (Pharmacist to complete.	Please print.)	ı	Pharmacis	st Initial and	Date		
	trastuzumab		-	一					
	trastazamas								
***SEE PAGE 2 FOR CHEMOTHERAPY CYCLE 2 onwards***									
DOCTOR SIGNATURE:							UC		
							SIGNATU	JRE:	



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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: BRAVPTRVIN

Page 2 of 3

DOCTOR'S ORDERS								
DATE:								
CHEMOTHERAPY: (Continued)								
*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 *** OR								
<u>OR</u> ☐ CYCLE # 2								
	ma IV in 250 ml. NS over 1 hour on <b>Day 1</b> . Observe for	- 30 minutes to 1 hour	nost infusion					
PERTuzumab 420 mg IV in 250 mL NS over 1 hour on Day 1. Observe for 30 minutes to 1 hour post infusion.  trastuzumab 6 mg/kg x kg = mg IV in NS 250 mL over NS over 1 hour on Day 1.								
Observe for 30 minutes post infusion.								
	trastuzumab brand as per Provincial Systemic Therapy Police	cy III-190						
Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and	I Date					
trastuzumab								
	<u> </u>							
	$mg/m^2/day$ or $\square$ 35 $mg/m^2/day$ (select one) x BSA = _							
	ntion: % = mg/m² x BSA =							
	ver 6 minutes <b>Day 1 and Day 8.</b> Flush vein with NS 75	to 125 mL following in	iusion.					
DOSE MODIFICATI								
	<b>ng/m²/day</b> x BSA = mg fication:% = mg/m² x BSA =	ma						
	over 6 minutes <b>Day 8.</b> Flush vein with NS 75 to 125 i							
<u>OR</u>	2 avai a minuta <b>2 a y a.</b> Thaan vain with the 70 to 120 i	TIL TOHOWING HINGOICH.						
<u> </u>	(Cycle 3 to 8)							
	ng IV in 250 mL NS over 30 minutes on <b>Day 1</b> . Observ	ve for 30 minutes to 1 k	our poet infusion *					
	kg x kg = mg IV in NS 250 mL over		•					
_	inutes post infusion.*	or the ever of minutes	on Buy 1.					
	trastuzumab brand as per Provincial Systemic Therapy Polic	cy III-190						
Drug	· · · · · · · · · · · · · · · · · · ·		Date					
trastuzumab								
vinorelbine ☐ 30 mg/m²/day or ☐ 35 mg/m²/day (select one) x BSA = mg								
☐ Dose Modification:% =mg/m² x BSA = mg								
IV in NS 50 mL over 6 minutes <b>Day 1 and Day 8.</b> Flush vein with NS 75 to 125 mL following infusion.								
DOSE MODIFICATION DAY 8:								
vinorelbine 30 mg/m²/day x BSA = mg								
Dose Modification: % = mg/m² x BSA = mg								
IV in NS 50 mL over 6 minutes <b>Day 8.</b> Flush vein with NS 75 to 125 mL following infusion.								
*Observation period not required after 3 treatments with no reaction.								
	***SEE PAGE 3 FOR CHEMOTHERAPY CYC	LE 9 onwards***						
DOCTOR SIGNAT	TURE:		SIGNATURE:					
			UC:					



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 <a href="https://www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: BRAVPTRVIN

Page 3 of 3

DOCTOR'S ORDERS								
DATE:								
CHEMOTHERAPY: (Continued)  *** SEE PAGES 1 and 2 FOR CHEMOTHERAPY CYCLES 1 to 8 ***								
OR OR								
☐ CYCLE # (PERTuzumab and trastuzumab only) every ☐ three or ☐ four weeks (select one)								
PERTuzumab 420 mg IV in 250 mL NS over 30 minutes.								
<b>trastuzumab 6 mg/kg</b> x kg = mg IV in 250 mL NS over 30 minutes.								
Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190								
Drug Brand (Pharmacist to complete. Please print.) Pharmacist Initial and I	Date							
trastuzumab								
acetaminophen 325 to 650 mg PO PRN for headache and rigors								
RETURN APPOINTMENT ORDERS								
Return in three weeks for Doctor and Cycle Book chemo Day 1 and 8 (Cycles 1 to 8 only).  Return in three or four weeks (circle one) for Doctor and Cycle Book chemo Day 1  Return in weeks for Doctor and Cycle(s)								
Last Cycle. Return in weeks.								
Prior to each vinorelbine (i.e., cycles 1 to 9 only): CBC & Diff, Platelets								
☐ CBC & Diff, platelets								
If clinically indicated: Bilirubin GGT Alk Phos ALT LDH Creatinine BUN albumin CA 15-3 Echocardiogram MUGA Scan								
☐ Other tests: ☐ ECG								
☐ Consults:								
☐ See general orders sheet for additional requests.								
DOCTOR SIGNATURE:	SIGNATURE:							
	UC:							