**Protocol Code: BRAVTCAP**

**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 $1.5 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$, Creatinine Clearance greater than 50 mL/min.

**Dose modification for:**

- [ ] Hematology
- [ ] Other Toxicity

**Proceed with treatment based on blood work from __________________________**

**Premedications:**

- Patient to take own supply. RN/Pharmacist to confirm __________________________.
- [ ] Other:

**Have Hypersensitivity Reaction Tray and Protocol Available**

**Treatment:**

- **Trastuzumab (Herceptin)** 6 mg/kg x _______ kg = _______ mg IV in 250 mL NS over 30 minutes on Day 1

  Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>trastuzumab</td>
<td></td>
<td></td>
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</tbody>
</table>

- **Capecitabine** 1250 mg/m² or 1000 mg/m² (circle one) x BSA x (_______%) = _________mg PO BID with food x 14 days on days 1–14. (Round dose to nearest 150 mg)

- **Acetaminophen** 325 mg – 650 mg PO PRN for headache and rigors

**Return Appointment Orders**

- [ ] Return in three weeks for Doctor and Cycle _________.
- [ ] Last Cycle. Return in _________ weeks.

**CBC & Diff, Platelets, Creatinine prior to each cycle**

- [ ] INR Weekly
- [ ] INR prior to each cycle

If clinically indicated:

- [ ] Tot. Prot
- [ ] Albumin
- [ ] Bilirubin
- [ ] GGT
- [ ] Alk Phos.
- [ ] LDH
- [ ] ALT
- [ ] BUN

- [ ] Other tests:

- [ ] ECG
- [ ] Echocardiogram
- [ ] MUGA Scan

- [ ] Consults

- [ ] See general orders sheet for additional requests.

**Doctor’s Signature:**

**UC:**

**Created:** 01 July 2011

**Revised:** 1 Feb 2020