### DOCTOR'S ORDERS

<table>
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<tr>
<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>BSA (m²)</th>
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**Reminder:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**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 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:**

- 45 minutes prior to PACLitaxel: 
  - Dexamethasone 20 mg IV in 50 mL NS over 15 minutes
- 30 minutes prior to PACLitaxel:
  - Diphenhydramine 50 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes
  - (Compatible up to 3 hours when mixed in bag)
- Ondansetron 8 mg PO 30 minutes prior to CARBOplatin

**CHEMOTHERAPY:**

**DAY 1, CYCLE #1**

- Trastuzumab (HERCEPTIN) 8 mg/kg x ______ kg = ________ mg IV in 250 mL NS over 1 hour 30 minutes.
  - Observe for 1 hour post infusion*

**DAY 2, CYCLE #1**

- PACLitaxel 175 mg/m² x BSA = ________ mg
  - Dose Modification: ________ mg/m² x BSA = ________ mg
    - IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours (use Non DEHP tubing with 0.22 micron or smaller in-line filter)
- CARBOplatin AUC 6 or 5 or 4 (circle one) x (GFR + 25) = ________ mg
  - Dose Modification: ________ % = ________ mg
    - IV in 250 mL NS over 30 minutes

**OR**

**DAY 1, CYCLE # 2 to 6**

- Trastuzumab (HERCEPTIN) 6 mg/kg x ______ kg = ________ mg IV in 250 mL NS**.
  - Observe for 30 minutes post infusion*, then start Paclitaxel premedications.

*observation period not required after 3 treatments with no reaction (ie Cycle 4 onwards)

** Over 1 hour for cycle 2; over 30 minutes for cycle 3 and all subsequent cycles, if no previous adverse reactions.

- PACLitaxel 175 mg/m² x BSA = ________ mg
  - Dose Modification: ________ mg/m² x BSA = ________ mg
    - IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use Non DEHP tubing with 0.22 micron or smaller in-line filter)
- CARBOplatin AUC 6 or 5 or 4 (circle one) x (GFR + 25) = ________ mg
  - Dose Modification: ________ % = ________ mg
    - IV in 250 mL NS over 30 minutes

**acetaminophen 325 mg – 650 mg PO PRN for headache and rigors**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**
**RETURN APPOINTMENT ORDERS**

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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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- Return in **three** weeks for Doctor and Cycle ________.
- Last Cycle. Return in __________ weeks.

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

- If clinically indicated:  
  - [ ] Total Bilirubin  
  - [ ] AST

- Consults:
- [ ] See general orders sheet for additional requests.

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