PROTOCOL CODE: BRAVTRAD

** 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>
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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 $90 \times 10^9/L$.

Dose modification for: [ ] Hematology 
[ ] Other Toxicity

Proceed with treatment based on blood work from __________________________

** PREMEDIATIONS: **

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.

**Have Hypersensitivity Reaction Tray and Protocol Available**

** CHEMOTHERAPY: **

(Note – continued over 2 pages)

- [ ] CYCLE 1, DAY 1
  - trastuzumab $8 \text{ mg/kg} \times \text{ _______ kg} = \text{_______ mg}$ IV in NS 250 mL over 1 hour 30 minutes; observe for 1 hour post infusion

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

<table>
<thead>
<tr>
<th>Drug</th>
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<th>Pharmacist Initial and Date</th>
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  DOCEtaxel $100 \text{ mg/m}^2 \times \text{ BSA} = \text{_______ mg}$

  - [ ] Dose Modification: $\text{_______} \% = \text{_______ mg/m}^2 \times \text{ BSA} = \text{_______ mg}$

  IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use Non DEHP tubing)

- OR

- [ ] CYCLE 2
  - trastuzumab $6 \text{ mg/kg} \times \text{ _______ kg} = \text{_______ mg}$ IV in NS 250 mL over 1 hour; observe for 30 minutes post infusion

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

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  DOCEtaxel $100 \text{ mg/m}^2 \times \text{ BSA} = \text{_______ mg}$

  - [ ] Dose Modification: $\text{_______} \% = \text{_______ mg/m}^2 \times \text{ BSA} = \text{_______ mg}$

  IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use Non DEHP tubing)

*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 AND SUBSEQUENT ***

** DOCTOR'S SIGNATURE:**

SIGNATURE: 
UC:

BC Cancer Provincial Preprinted Order BRAVTRAD
Created: September 1, 2005 Revised: 1 Feb 2020 (Biosimilar section added)
DOCTOR'S ORDERS

DATE: To be given: Cycle #:

CHEMOTHERAPY: (Continued)

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 AND 2 ***

OR

□ CYCLE 3 and Subsequent:
  trastuzumab 6 mg/kg x ___ kg = ______ mg IV in 250 mL NS over 30 minutes; observe for 30 minutes post infusion (not required after 3 treatments with no reaction)
  Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

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DOCEtaxel 100 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)

acetaminophen 325 mg 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.

CBC & Diff, Platelets prior to each cycle

Prior to Cycle 4: Bilirubin, ALT, GGT, Alk Phos

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

□ LDH □ ALT □ BUN □ Creatinine

□ Other tests: □ ECG □ Echocardiogram □ MUGA Scan

□ Consults:

□ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: SIGNATURE:

UC:

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