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**PROTOCOL CODE: BRAVTRAD**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht(cm)</th>
<th>Wt(kg)</th>
<th>BSA(m²)</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

- 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 90 x 10⁹/L**

Dose modification for:  [ ] Hematology  [ ] Other Toxicity

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

### PREMEDICATIONS:

- 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:

- **DAY 1, CYCLE 1**

  - trastuzumab (HERCEPTIN) 8 mg/kg x _______ kg =__________mg IV in NS 250 mL over 1 hour 30 minutes; observe for 1 hour post infusion
  - 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)
  - OR

- **CYCLE 2**

  - trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg =__________mg IV in NS 250 mL over 1 hour; observe for 30 minutes post infusion
  - 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)
  - OR

- **CYCLE 3 and Subsequent:**

  - trastuzumab (HERCEPTIN) 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)
  - 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)

acetaaminophen 325 mg to 650 mg PO PRN for headache and rigors

### DOCTOR’S SIGNATURE:

<table>
<thead>
<tr>
<th>UC:</th>
<th>SIGNATURE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETURN APPOINTMENT ORDERS</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>☐ Return in <strong>three</strong> weeks for Doctor and Cycle _________.</td>
<td></td>
</tr>
<tr>
<td>☐ Last Cycle. Return in ___________ weeks.</td>
<td></td>
</tr>
</tbody>
</table>

CBC & Diff, Platelets prior to each cycle

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

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

- ☐ AST  ☐ 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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(Please check the box for Validation)

**BC Cancer Agency Provincial Preprinted Order** BRAVTRAD

Created: September 1, 2005  Revised: 1 Sep 2017