**DOCTOR’S ORDERS**

<table>
<thead>
<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:**

**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** $1.0 \times 10^9/L$, **Platelets greater than or equal to** $100 \times 10^9/L$

Dose modification for:

- [ ] Hematology
- [ ] Other Toxicity

**PROCEED WITH TREATMENT BASED ON BLOOD WORK FROM __________________________**

**PREMEDICATIONS:**

- Patient to take own supply. RN/Pharmacist to confirm __________________________.
- prochlorperazine 10 mg PO prior to treatment
- metoclopramide 10 to 20 mg PO prior to treatment
- hydrocortisone 100 mg IV in 50 mL NS over 20 minutes pre-vinorelbine (for patients who have had phlebitis)
- Other:

**CHEMOTHERAPY:** (Note – continued over 2 pages)

- [ ] Cycle 1 ONLY
  - trastuzumab (HERCEPTIN) $8 \text{ mg/kg} \times \underline{\text{kg}} = \underline{\text{mg}} \text{ IV in NS 250 mL over 1 hour 30 minutes on Day 1 only. Observe for 60 minutes post infusion.}$
  - vinorelbine $35 \text{ mg/m}^2/\text{day}$ or $30 \text{ mg/m}^2/\text{day}$ (circle one) $\times \text{BSA} = \underline{\text{mg}}$
    - [ ] Dose Modification: $\underline{\%} = \underline{\text{mg/m}^2} \times \text{BSA} = \underline{\text{mg}}$
    - IV in NS 50 mL over 6 minutes **Day 1 and Day 8**. Flush vein with NS 75 to 125 mL following infusion.

- [ ] Cycle 2 ONLY
  - trastuzumab (HERCEPTIN) $6 \text{ mg/kg} \times \underline{\text{kg}} = \underline{\text{mg}} \text{ IV in NS 250 mL over 1 hour on Day 1 only.}$
  - Observe for 30 minutes post infusion.
  - vinorelbine $35 \text{ mg/m}^2/\text{day}$ or $30 \text{ mg/m}^2/\text{day}$ (circle one) $\times \text{BSA} = \underline{\text{mg}}$
    - [ ] Dose Modification: $\underline{\%} = \underline{\text{mg/m}^2} \times \text{BSA} = \underline{\text{mg}}$
    - IV in NS 50 mL over 6 minutes **Day 1 and Day 8**. Flush vein with NS 75 to 125 mL following infusion.

- [ ] Cycle 3 onwards
  - trastuzumab (HERCEPTIN) $6 \text{ mg/kg} \times \underline{\text{kg}} = \underline{\text{mg}} \text{ IV in NS 250 mL over 30 minutes on Day 1 only.}$
  - Observe for 30 minutes post infusion (not required after 3 treatments with no reaction).
  - vinorelbine $35 \text{ mg/m}^2/\text{day}$ or $30 \text{ mg/m}^2/\text{day}$ (circle one) $\times \text{BSA} = \underline{\text{mg}}$
    - [ ] Dose Modification: $\underline{\%} = \underline{\text{mg/m}^2} \times \text{BSA} = \underline{\text{mg}}$
    - IV in NS 50 mL over 6 minutes **Day 1 and Day 8**. Flush vein with NS 75 to 125 mL following infusion.

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
**DOCTOR’S ORDERS**

**DATE:**

**Chemotherapy: (Continued)**

**DOSE MODIFICATION DAY 8:**

vinorelbine 30 mg/m\(^2\)/day x BSA = __________ mg

- Dose Modification: _______% = _______ mg/m\(^2\) x BSA = __________ mg

IV in NS 50 mL over 6 minutes **Day 8.** Flush vein with NS 75 to 125 mL following infusion.

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle _____. Book chemo Day 1 and 8.
- Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets** prior to each treatment

- If clinically indicated:  
  - Creatinine
  - Bilirubin
  - ALT
  - Alk Phos
  - ECG
  - Echocardiogram
  - MUGA Scan

- Other tests:

- Consults:

- See general orders sheet for additional requests.

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**UC:**