**DOCTOR'S ORDERS**

| Ht   | cm | Wt | kg | BSA | m² |

**REMEMBER:** 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 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/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:**

- **Cycle 1 ONLY**
  - trastuzumab 8 mg/kg x ___________kg = ___________mg IV in NS 250 mL over 1 hour 30 minutes on Day 1 only.
  - Observe for 60 minutes post infusion.
    
    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>
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- vinorelbine 35 mg/m²/day or 30 mg/m²/day (circle one) x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m² x BSA = ________ 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 6 mg/kg x ___________kg = ___________mg IV in NS 250 mL over 1 hour on Day 1 only. Observe for 30 minutes post infusion.
    
    Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

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- vinorelbine 35 mg/m²/day or 30 mg/m²/day (circle one) x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in NS 50 mL over 6 minutes **Day 1 and Day 8**. Flush vein with NS 75 to 125 mL following infusion.

**DOCTOR'S SIGNATURE:**

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DOCTOR’S ORDERS

Chemotherapy: (Continued)

☐ Cycle 3 onwards

trastuzumab 6 mg/kg x ___________kg = ___________mg 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).

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

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vinorelbine 35 mg/m²/day or 30 mg/m²/day (circle one) x BSA = ________ mg

☐ Dose Modification: ________% = ________ mg/m² x BSA = ________ 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

DOSE MODIFICATION DAY 8:

vinorelbine 30 mg/m²/day x BSA = ________ mg

☐ Dose Modification: ________% = ________ mg/m² 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.

DOCTOR’S SIGNATURE:

SIGNATURE:

UC: