### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</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** $1.5 \times 10^9/L$, **Platelets greater than** $90 \times 10^9/L$

Dose modification for:

- **Hematology**
- **Other Toxicity** __________

Proceed with treatment based on blood work from __________

### PREMEDICATIONS:
Patient to take own supply. RN/Pharmacist to confirm ____________.

Select **ONE** of the following routine antiemetics regimens:

- ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment
- dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment
- netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment
- dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:

- prochlorperazine 10 mg PO prn
- metoclopramide 10 mg PO prn

**For DOCEtaxel Cycles:**

- **dexamethasone 8 mg** PO bid for 3 days starting one day prior to DOCEtaxel; 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.

**Other:**

- **Have Hypersensitivity Reaction Tray and Protocol Available**

### CHEMOTHERAPY:

**CYCLE #________ (Cycle 1-4)**

**DOXOrubicin 60 mg/m^2 x BSA = ________ mg**

Dose Modification: ________% = ________ mg/m^2 x BSA = ________ mg

- IV push
cyclophosphamide 600 mg/m^2 x BSA = ________ mg

Dose Modification: ________% = ________ mg/m^2 x BSA = ________ mg

- IV in 100 to 250 mL NS over 20 minutes to 1 hour

**SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 8**

**DOCTOR’S SIGNATURE:**

**BC Cancer Provincial Preprinted Order** BRLAACDT

Created: July 14th, 2005    Revised: 1 Feb 2020
**DOCTOR’S ORDERS**

**DATE:**

**To be given:**

**Cycle #:**

**CHEMOTHERAPY: (Continued)**

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 TO 4 ***

**CYCLE # 5** (Cycle 1 of trastuzumab/DOCEtaxel)

trastuzumab 8 mg/kg x _______ kg =__________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>
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<tr>
<th>Drug</th>
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DOCEtaxel 100 mg/m² x BSA =_______mg

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

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

**CYCLE # 6**

trastuzumab 6 mg/kg x _______ kg =__________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 mg/m² x BSA =_______mg

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

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

**CYCLE # 7 and # 8:**

trastuzumab 6 mg/kg x _______ kg =__________mg IV in NS 250 mL 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 NS 250 to 500 mL (non-DEHP bag) over 1 hour (Use non-DEHP tubing)

acetaminophen 325 to 650 mg PO PRN for headache and rigors

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**UC SIGNATURE:**

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### RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle ________
- Return in **three** weeks for BRAJTR (to continue single agent trastuzumab)

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

Prior to **Cycle 5**: Bilirubin, **ALT**, Alk Phos

If clinically indicated:
- [ ] LDH  [ ] ALT  [ ] Creatinine

- [ ] Other tests:
- [ ] **MUGA scan or Echo**: prior to Cycle 5 and then every [ ] 3 months or [ ] 4 months until completion of treatment

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

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