A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment

**DOCTOR’S ORDERS**

Ht________ cm Wt________ kg BSA________ m²

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 24 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:**

45 minutes prior to PACLitaxel: dexamethasone 10 mg IV in 50 mL NS over 15 minutes

30 minutes prior to PACLitaxel: diphenhydramine 25 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes

(Compatible up to 3 hours when mixed in bag)

☐ No pre-medication to PACLitaxel required (see protocol for guidelines)

☐ Other:

**Have Hypersensitivity Reaction Tray and Protocol Available**

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

☐ CYCLE #1, Week 1, Day 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.

CYCLE #1, Week 1, Day 2

PACLitaxel 80 mg/m² OR _______ mg/m² (circle one) x BSA = ________ mg

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

IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

☐ CYCLE #1, Weeks 2 and 3

PACLitaxel 80 mg/m² OR _______ mg/m² (circle one) x BSA = ________ mg

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

IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x 2 weeks (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 to 4***

**DOCTOR’S SIGNATURE:**

SIGNATURE:

UC:
**PROTOCOL CODE: UBRAJTTW**

### DOCTOR'S ORDERS

**DATE:**

**CHEMOTHERAPY: (Continued)**

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 ***

- **CYCLE # 2**
  - **trastuzumab (HERCEPTIN)** 6 mg/kg x _______ kg = _________mg IV in NS 250 mL over NS over 1 hour once every 3 weeks. Observe for 30 minutes post infusion.
  - **PACLitaxel** 80 mg/m² OR _______ mg/m² (circle one) x BSA = __________ mg
    - **Dose Modification:** _______% = _______ mg/m² x BSA = __________ mg
  - IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x 3 weeks (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

- **CYCLE # 3 and 4**
  - **trastuzumab (HERCEPTIN)** 6 mg/kg x _______ kg = _________mg IV in NS 250 mL over NS over 30 minutes once every 3 weeks. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction).
  - **PACLitaxel** 80 mg/m² OR _______ mg/m² (circle one) x BSA = __________ mg
    - **Dose Modification:** _______% = _______ mg/m² x BSA = __________ mg
  - IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x 3 weeks (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

- **acetaminophen** 325 mg – 650 mg PO PRN for headache and rigors

### RETURN APPOINTMENT ORDERS

- □ Return in **three** weeks for Doctor and Cycle _________. (Book chemo room weekly x 12 weeks, then **switch to BRAJTR**).
- □ Last Cycle. Return in **three** weeks for Doctor and BRAJTR (to continue single agent trastuzumab).

**CBC & Diff, Platelets** prior to each weekly dose

- □ Total Bilirubin □ AST
- □ Other tests: □ ECG □ Echocardiogram □ MUGA Scan
- □ Consults:

- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.