**PROTOCOL CODE: GIGAVTR**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<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

**DATE:**

**To be given:**

**Cycle #:**

**Date of Previous Cycle:**

**TREATMENT:** Patients to have received previous cycles of treatment with Trastuzumab

trastuzumab (HERCEPTIN) 6 mg/kg x ______ kg = ______ mg IV in 250 mL NS over 30 minutes. Observe for 60 minutes post-infusion*

acetaminophen 325 to 650 mg PO PRN for headache and rigors

*Observation period not required after 3 consecutive treatments with no reaction.

**RETURN APPOINTMENT ORDERS**

- □ Return in three weeks for Doctor and Cycle _____
- □ Return in _____ weeks for Doctor and Cycle _____
- □ Last Cycle. Return in _______ week(s).

If clinically Indicated: □ MUGA scan or □ Echocardiogram

□ CBC & Diff, Platelets

□ Bili □ ALT □ Alk Phos

□ Creatinine

□ ECG □ CEA □ CA 19-9

□ Other tests:

□ Consults:

□ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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.