



Provincial Health Services Authority

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.

PROTOCOL CODE: GIGAVTR

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 6 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 30 minutes every three weeks x \_\_\_\_\_ cycle(s).  
Observe for 60 minutes post-infusion\*

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

| Drug        | Brand (Pharmacist to complete. Please print.) | Pharmacist Initial and Date |
|-------------|---|-----------------------------|
| trastuzumab |   |                             |

**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: