

PROTOCOL CODE: BRAJDCARBT

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff 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: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCEtaxel. Patient must receive 3 doses prior to treatment ondansetron 8 mg PO prior to CARBOplatin treatment <input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin If additional antiemetic required: <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin 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. <input type="checkbox"/> Other:				
** Have Hypersensitivity Reaction Tray and Protocol Available**				
TREATMENT: (Note – continued over 2 pages)				
<input type="checkbox"/> CYCLE 1 only				
trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 90 minutes. Observe for 1 hour post infusion.				
Pharmacist to select brand per Provincial Systemic Therapy Policy III-190 and dose band per last page of PPO. Complete table below (please print)				
Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date	
trastuzumab				
DOCEtaxel 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes (use non-DEHP tubing).				
CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes.				
*** SEE PAGE 2 FOR TREATMENT CYCLES 2 TO 6 ***				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	

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DATE:

TREATMENT: (Continued)

***** SEE PAGE 1 FOR TREATMENT CYCLE 1 *****

CYCLE 2 only

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over **60 minutes**. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction)

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

DOCEtaxel 75 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over **60 minutes** (use non-DEHP tubing).

CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg

Dose Modification: _____ % = _____ mg
IV in 100 to 250 mL NS over 30 minutes.

CYCLES 3 to 6

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes. Observe for 30 minutes post infusion (not required after 3 treatments with no reaction)

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

DOCEtaxel 75 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over **60 minutes** (use non-DEHP tubing).

CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg

Dose Modification: _____ % = _____ mg
IV in 100 to 250 mL NS over 30 minutes.

acetaminophen 325 mg to 650 mg PO PRN for headache and rigors.

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UC:

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ (maximum 6). Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____ <input type="checkbox"/> Last Cycle. Return in three weeks for Doctor and BRAJTR (for single agent trastuzumab).	
CBC & Diff, creatinine prior to each cycle. <input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram (select one) prior to Cycle 1 and Cycle 5 and then every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months until completion of treatment If clinically indicated on subsequent cycles: <input type="checkbox"/> total bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> alkaline phosphatase If clinically indicated: <input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA scan <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general order sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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TRASTUZUMAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 58		Pharmacy prepares specific dose
58	68.49	63
68.5	76.49	71.4
76.5	84.49	79.8
84.5	94.49	88.2
94.5	104.49	100.8
104.5	117.49	109.2
117.5	127.49	117.6
127.5	144.49	130.67
144.5	162.49	147
162.5	185.49	168
185.5	208.49	189
208.5	230.49	210
230.5	251.49	231
251.5	276.49	252
276.5	323.49	294
323.5	369.49	336
369.5	415.49	378
415.5	463.49	420
463.5	550.49	504
550.5	647.49	588
647.5	740.49	672
740.5	822.49	756
822.5	928.49	840
928.5	1046.49	966
1046.5	1150.49	1050
1150.5	1258.49	1176
1258.5	1390.5	1260
More than 1390.5		Pharmacy prepares specific dose