

PROTOCOL CODE: BRAJPNCT

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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: _____ | | | | |
| Number of DOCEtaxel doses completed to date: _____ | | | | |
| Number of trastuzumab doses completed to date: _____ | | | | |
| <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 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, total bilirubin less than or equal to 1.5 times the upper limit of normal, AST or ALT less than or equal to 10 times the upper limit of normal 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin | | | | |
| AND select ONE of the following: | <input type="checkbox"/> | ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin | | |
| | <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin | | |
| | <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 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 | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | |
| TREATMENT: | | | | |
| <input type="checkbox"/> Patients who have received only ONE cycle of trastuzumab previously | | | | |
| trastuzumab 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 60 minutes. Observe for 30 minutes 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 | | | | |
| PACLitaxel NAB 260 mg/m ² x BSA = _____ mg | | | | |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg | | | | |
| IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) | | | | |
| Pharmacist to select dose band per last page of PPO. Complete table below (please print) | | | | |
| Drug | Dose Band (mg) | Pharmacist Initial and Date | | |
| PACLitaxel NAB | | | | |
| *** CONTINUED ON PAGE 2 *** | | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |

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DATE:

TREATMENT: (Continued)

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

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

OR

Patients who have received TWO cycles or more of trastuzumab previously

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).

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

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

PACLitaxel NAB 260 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter)

Pharmacist to select **dose band** per last pages of PPO. Complete table below (please print)

| Drug | Dose Band (mg) | Pharmacist Initial and Date |
|----------------|----------------|-----------------------------|
| PACLitaxel NAB | | |

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

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

acetaminophen 325 to 650 mg PO PRN for headache and rigors

RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle _____.
- Book filgrastim (G-CSF) SC teaching and first dose on Cycle ____ Day ____
- Last Cycle. Return in **three** weeks for Doctor and BRAJTR (for single agent trastuzumab).

CBC and Diff, total bilirubin, ALT, creatinine prior to each cycle

MUGA scan or echocardiogram every 3 months or 4 months from onset of trastuzumab and upon completion of treatment

If clinically indicated: alkaline phosphatase GGT urea
 echocardiogram MUGA scan

- Other tests:
- Consults:
- See general orders 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 |

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PACLitaxel NAB DOSE BANDING TABLE

| Ordered Dose (mg) | | Rounded dose (mg) |
|-------------------|--------|---------------------------------|
| From: | To: | |
| Less than 96 | | Pharmacy prepares specific dose |
| 96 | 104.49 | 100 |
| 104.5 | 108.49 | 105 |
| 108.5 | 115.49 | 110 |
| 115.5 | 125.49 | 120 |
| 125.5 | 135.49 | 130 |
| 135.5 | 145.49 | 140 |
| 145.5 | 155.49 | 150 |
| 155.5 | 165.49 | 160 |
| 165.5 | 177.49 | 170 |
| 177.5 | 190.49 | 185 |
| 190.5 | 210.49 | 200 |
| 210.5 | 230.49 | 220 |
| 230.5 | 250.49 | 240 |
| 250.5 | 270.49 | 260 |
| 270.5 | 286.49 | 275 |
| 286.5 | 314.49 | 300 |
| 314.5 | 329.49 | 315 |
| 329.5 | 344.49 | 330 |
| 344.5 | 362.49 | 345 |
| 362.5 | 388.49 | 370 |
| 388.5 | 419.49 | 400 |
| 419.5 | 439.49 | 420 |
| 439.5 | 459.49 | 440 |
| 459.5 | 479.49 | 460 |
| 479.5 | 499.49 | 480 |
| 499.5 | 524.49 | 500 |
| 524.5 | 566.49 | 540 |
| 566.5 | 596.49 | 580 |
| 596.5 | 630.49 | 600 |
| 630.5 | 683.49 | 650 |
| More than 683.49 | | Pharmacy prepares specific dose |