



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: BRAJTR**

**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 # of Trastuzumab: \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

Indicate the number of trastuzumab doses patient has received together with chemotherapy (not as single agent) to date: \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**TREATMENT:**

**Cycle 1 Only (NEW patients ONLY – Omit for patients continuing single-agent trastuzumab following a trastuzumab-containing chemotherapy regimen)**

trastuzumab 8 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in NS 250 mL 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 |       |                |                             |

OR

**Cycle 2**

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 |       |                |                             |

**Cycle 3 and subsequent:**

trastuzumab 6 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in NS 250 mL over 30 minutes x \_\_\_\_\_ cycle(s). 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 |       |                |                             |

acetaminophen 325 to 650 mg PO PRN for headache and rigors

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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|  |                   |
|--|-------------------|
| <b>DATE:</b>   |                   |
| <b>RETURN APPOINTMENT ORDERS</b>   |                   |
| <input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____.<br><input type="checkbox"/> Return in _____ weeks for Doctor and Cycle(s) _____.<br><input type="checkbox"/> Last Cycle. Return in _____ weeks.  |                   |
| <p><b>MUGA scan or echocardiogram</b> every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months from onset of trastuzumab and upon completion of treatment</p> <p>If clinically indicated x _____ weeks:</p> <input type="checkbox"/> <b>CBC &amp; Diff</b> prior to next treatment<br><input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>echocardiogram</b> <input type="checkbox"/> <b>MUGA scan</b><br><input type="checkbox"/> <b>CA15-3</b> <input type="checkbox"/> <b>total bilirubin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>alkaline phosphatase</b><br><input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>Other tests:</b><br><input type="checkbox"/> <b>Consults:</b><br><input type="checkbox"/> <b>See general orders sheet for additional requests.</b> |                   |
| <b>DOCTOR'S SIGNATURE:</b>   | <b>SIGNATURE:</b> |
|  | <b>UC:</b>        |



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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 |