

PROTOCOL CODE: BRAVENH

DOCTOR'S ORDERS		Wt _____ kg						
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 and platelets greater than or equal to 75 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment								
AND select ONE of the following:	<input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to treatment <input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment <input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment							
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 treatment <input type="checkbox"/> Other: _____								
Have Hypersensitivity Reaction Tray and Protocol Available								
TREATMENT: All lines to be primed with D5W trastuzumab deruxtecan (ENHERTU) 5.4 mg/kg x _____ kg = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/kg x _____ kg = _____ mg IV in 100 mL D5W (use 0.2 micron in-line filter) over 90 min. Observe for 1 hour 30 minutes post infusion. If no infusion reaction observed in Cycle 1, may administer subsequent cycles over 30 minutes, observe for 30 minutes post-infusion. Observation period not required after 3 treatments with no reaction. Pharmacist to select dose band per last page of PPO. Complete table below (please print)								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Drug</th> <th style="padding: 5px;">Dose Band (mg)</th> <th style="padding: 5px;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">trastuzumab deruxtecan (ENHERTU)</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Drug	Dose Band (mg)	Pharmacist Initial and Date	trastuzumab deruxtecan (ENHERTU)				
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trastuzumab deruxtecan (ENHERTU)								
RETURN APPOINTMENT ORDERS								
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks.								
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle If clinically indicated: <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> CA 15-3 <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> magnesium <input type="checkbox"/> calcium <input type="checkbox"/> albumin <input type="checkbox"/> phosphate <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG <input type="checkbox"/> echocardiogram every 12 weeks or <input type="checkbox"/> MUGA scan every 12 weeks <input type="checkbox"/> CT Chest <input type="checkbox"/> Other Tests <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.								
DOCTOR'S SIGNATURE:	SIGNATURE:							
	UC:							

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TRASTUZUMAB DERUXTECAN (ENHERTU) DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 249		Pharmacy prepares specific dose
249	269.49	260
269.5	289.49	280
289.5	314.49	300
314.5	336.49	320
336.5	355.49	340
355.5	369.49	360
369.5	389.49	380
389.5	419.49	400
419.5	459.49	440
459.5	489.49	480
489.5	522.49	500
522.5	567.49	540
567.5	589.49	580
589.5	629.49	600
629.5	669.49	640
More than 669.49		Pharmacy prepares specific dose