

PROTOCOL CODE: BRAVKAD

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"/> Renal Function <input type="checkbox"/> Other Toxicity _____								
Proceed with treatment based on blood work from _____								
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.								
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 to 20 mg PO prior to treatment <input type="checkbox"/> Other: _____								
Have Hypersensitivity Reaction Tray and Protocol Available								
TREATMENT:								
trastuzumab emtansine (KADCYLA) 3.6 mg/kg x _____ kg = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/kg x _____ kg = _____ mg								
IV in 250 mL NS (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 emtansine (KADCYLA)</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Drug	Dose Band (mg)	Pharmacist Initial and Date	trastuzumab emtansine (KADCYLA)				
Drug	Dose Band (mg)	Pharmacist Initial and Date						
trastuzumab emtansine (KADCYLA)								
RETURN APPOINTMENT ORDERS								
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks.								
CBC & Diff, total bilirubin, ALT, alkaline phosphatase, LDH, GGT prior to each cycle If clinically indicated: <input type="checkbox"/> total protein <input type="checkbox"/> albumin <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> urea <input type="checkbox"/> creatinine <input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA scan <input type="checkbox"/> ECG <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 EMTANSINE (KADCYLA) DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 80		Pharmacy prepares specific dose
80	88.49	84
88.5	96.49	92
96.5	104.49	100
104.5	112.49	108
112.5	121.49	116
121.5	129.49	124
129.5	138.49	132
138.5	146.49	140
146.5	154.49	148
154.5	167.49	160
167.5	179.49	170
179.5	188.49	180
188.5	195.49	190
195.5	209.49	200
209.5	230.49	220
230.5	251.49	240
251.5	272.49	260
272.5	293.49	280
293.5	314.49	300
314.5	335.49	320
335.5	356.49	340
356.5	377.49	360
377.5	398.49	380
398.5	419.49	400
419.5	439.49	420
439.5	461.49	440
461.5	499.49	480
499.5	545.49	520
More than 545.49		Pharmacy prepares specific dose