



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 and according to acceptable standards of care.

PROTOCOL CODE: BRAVTR

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 # 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:												
<input type="checkbox"/> Cycle 1 (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 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)												
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Drug</th><th style="width: 20%;">Brand</th><th style="width: 20%;">Dose Band (mg)</th><th style="width: 40%;">Pharmacist Initial and Date</th></tr></thead><tbody><tr><td>trastuzumab</td><td></td><td></td><td></td></tr></tbody></table>	Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date	trastuzumab							
Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date									
trastuzumab												
OR												
<input type="checkbox"/> Cycle 2 trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS 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)												
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Drug</th><th style="width: 20%;">Brand</th><th style="width: 20%;">Dose Band (mg)</th><th style="width: 40%;">Pharmacist Initial and Date</th></tr></thead><tbody><tr><td>trastuzumab</td><td></td><td></td><td></td></tr></tbody></table>	Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date	trastuzumab							
Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date									
trastuzumab												
<input type="checkbox"/> Cycle 3 and Subsequent: (For patients who have just completed a trastuzumab-containing chemotherapy regimen) trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes** every <input type="checkbox"/> three or <input type="checkbox"/> four weeks (select one) x _____ cycle(s). 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)												
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Drug</th><th style="width: 20%;">Brand</th><th style="width: 20%;">Dose Band (mg)</th><th style="width: 40%;">Pharmacist Initial and Date</th></tr></thead><tbody><tr><td>trastuzumab</td><td></td><td></td><td></td></tr></tbody></table>	Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date	trastuzumab							
Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date									
trastuzumab												
* Observation period not required after 3 treatments with no reaction												
** 30 minute infusion time for Cycle 3 and all subsequent cycles, if no previous adverse reactions.												
acetaminophen 325 to 650 mg PO PRN for headache and rigors												
DOCTOR'S SIGNATURE:			SIGNATURE:									
			UC:									



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 and according to acceptable standards of care.

PROTOCOL CODE: BRAVTR

DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three or four weeks for Doctor and Cycle _____. <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle(s) _____.	
CBC & Diff prior to Cycle #2 <input type="checkbox"/> CBC & Diff every 12 weeks If clinically indicated x _____ weeks: <input type="checkbox"/> ECG <input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA scan <input type="checkbox"/> CA15-3 <input type="checkbox"/> total protein <input type="checkbox"/> albumin <input type="checkbox"/> total bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> urea <input type="checkbox"/> creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



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 and according to acceptable standards of care.

PROTOCOL CODE: BRAVTR

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