

PROTOCOL CODE: BRAVPTRAD

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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: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets day of treatment If ordered, may proceed with doses as written if within 96 hrs ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 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 8 mg PO bid for 3 days, starting one day prior to DOCEtaxel treatment; patient must receive 3 doses prior to treatment Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing. <input type="checkbox"/> Other: _____					
Have Hypersensitivity Reaction Tray and Protocol Available					
CHEMOTHERAPY: (Note – continued over 2 pages)					
<input type="checkbox"/> CYCLE # 1					
DAY 1					
PERTuzumab 840 mg IV in 250 mL NS over 1 hour. Observe for 1 hour post-infusion					
DAY 2					
trastuzumab (HERCEPTIN) 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour 30 minutes Observe for 1 hour post infusion. Do not substitute HERCEPTIN with trastuzumab biosimilar.					
DOCEtaxel 75 mg/m² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour (use non-DEHP tubing)					
OR					
<input type="checkbox"/> CYCLE # 2					
PERTuzumab 420 mg IV in 250 mL NS over 1 hour. Observe for 30 minutes to 1 hour post infusion.					
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over NS over 1 hour. Observe for 30 minutes post infusion. Do not substitute HERCEPTIN with trastuzumab biosimilar.					
DOCEtaxel 75 mg/m² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use non-DEHP tubing)					
*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 3 to 8***					
DOCTOR SIGNATURE:					UC SIGNATURE:

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DOCTOR'S ORDERS

DATE:

CHEMOTHERAPY: (Continued)

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 AND 2 ***

OR

☐ CYCLE # _____ (Cycle 3 to 8)

PERTuzumab 420 mg IV in 250 mL NS over 30 minutes. Observe for 30 minutes to 1 hour post infusion.*

trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes.

Observe for 30 minutes post infusion*. Do not substitute HERCEPTIN with trastuzumab biosimilar.

DOCetaxel 75 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use non-DEHP tubing)

OR

☐ CYCLE # _____ (PERTuzumab and trastuzumab only) every ☐ three or ☐ four weeks (select one)

PERTuzumab 420 mg IV in 250 mL NS over 30 minutes.

trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes.

*Observation period not required after 3 treatments with no reaction. Do not substitute HERCEPTIN with trastuzumab biosimilar.

acetaminophen 325 to 650 mg PO PRN for headache and rigors

RETURN APPOINTMENT ORDERS

☐ Return in three or four weeks (circle one) weeks for Doctor and Cycle _____.

☐ Return in _____ weeks for Doctor and Cycle(s) _____.

☐ Last Cycle. Return in _____ weeks.

Prior to cycles containing docetaxel (i.e., cycles 1 to 9 only): CBC & Diff, Platelets

Prior to Cycle 4: Bilirubin, ALT, GGT, Alk Phos

☐ CBC & Diff, platelets

If clinically indicated: ☐ Tot. Prot ☐ Albumin ☐ Bilirubin ☐ GGT ☐ Alk Phos.

☐ LDH ☐ ALT ☐ BUN ☐ Creatinine

☐ Echocardiogram ☐ MUGA Scan

☐ Other tests: ☐ ECG

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR SIGNATURE:

**UC
SIGNATURE:**