PENNSTATE HERSHEY
Cancer Institute
1855

REVISED October 2015

Carboplatin/DOCETAXEL/TRASTUZUMAB/PERTUZUMAB

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No☐Yes: _____Diagnosis: Her2+ breast cancer_____Metastatic Site _____

1. Laboratory Studies: CBC, DIFF, PLT, CMP, MG++
Notify MD if ANC <1500 or PLT <100K
If MG++ abnormal call MD but may proceed with chemo.
☐ Additional labs needed prior to chemo:
RN to record labs and other information requested on grid, and sign
2. Consent Obtained?
☐ Yes
3. Infusion Room General Order Set will be initiated
4. Premedications: Make sure pt took pre-meds
Antiemetics: Palonosetron 0.25 mg IV 30 min pre-chemo
Dexamethasone 20 mg PO
5. Chemotherapy dose calculation:

Trastuzumab ☐ **LOADING 8 mg/kg = _____ mg**
IV over 90 minutes (cycle 1 only)
☐ **Full dose: 6 mg/kg^2=_____mg**
☐ **Instead of full dose, give _____%**
of dose = _____ mg
IV over 30 minutes (subsequent cycles)

Pertuzumab ☐ **LOADING 840 mg IV over 60 minutes**
(cycle 1 only)
☐ **Full dose: 420 mg**
IV over 30 minutes (subsequent cycles)

Docetaxel ☐ **Full dose: 75 mg/m^2=_____mg**
☐ **Instead of full dose, give _____% of dose = _____ mg**
IV over 1 hour

Carboplatin AUC 6 = _____mg IV over 30 minutes
(Dose capped at 900 mg for AUC of 6)
(Use dose calculator www.globalrph.com - Use last dose listed with Cockroft-Gault and actual body weight)

Pegfilgrastim ☐ **6mg subcutaneously day 2 or 3 of chemo regimen**
☐ **6 mg subcutaneously via OBI to be placed day 1 of chemo regimen**

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Platelets		
Dose delayed or not given (reason)		
Pre-meds taken? Y/N		
Date of last (q 3 months) ECHO/MUGA		
RN Signature		

Preparer's Signature _____ Date_____

Attending's Signature Printed name Pager number Date Time AM/PM

MR CHEMO ORDER