CANCERCare
A PROGRAM OF EASTERN HEALTH
Cancer Care Program

Doctor's Order Sheet
Herceptin (trastuzumab) Maintenance Regimen:

Herceptin® (trastuzumab) 6 mg/kg

Name:

HCN:

Date of Birth:

ARIA Protocol Name: Herceptin (trastuzumab)21 Maintenance
Adult Chemotherapy - Medical Oncology
Metastatic Breast Cancer Therapy

CC3010 0112 07 2020

Weight:_____kg Height:_____cm Body Surface Area (BSA) = _____

Allergies: ☐ **No Known**

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY

Cycle_____ of _____ **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

ROUTINE BLOODWORK NOT REQUIRED:

- CBC as clinically indicated
- LFTs and Bilirubin assessed, as clinically indicated

PREMEDICATIONS:

☐ Other:_____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **Herceptin® (trastuzumab) 6 mg/kg** X Weight (kg) =_____**mg**

IV in 250 mL normal saline over 60 minutes on day 1

Cycle 3 and beyond can be administered over 30 minutes if no previous adverse reaction

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber:_____Date: DD/MONTH/YYYY_____Time: _____

Authorized Prescriber's Signature:_____ ID #:_____

Nurse's Name:_____ Date: DD/MONTH/YYYY_____ Time: _____

Nurse's Signature: _____