



Doctor's Order Sheet

**Kanjinti™ (trastuzumab) 8
mg/kg - PACLitaxel 80 Cycle 1**
Regimen (Part I)

ARIA Protocol Name: Kanjinti (trastuzumab)21 PAC80

Adult Chemotherapy - Medical Oncology

Adjuvant Breast Cancer Therapy



CC3710 0182 04 2022

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

☐ **No Known**

Date: DD/MONTH/YYYY
Cycle _____ of _____

Planned Administration Date: DD/MONTH/YYYY

Cycle Duration: 21 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1 \times 10^9/L$ and platelets **greater than or equal to** $90 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

☐ **45 minutes prior to PACLitaxel: dexamethasone 10 mg IV** in 50 mL normal saline over 15 minutes on days 1, 8 and 15

☐ **30 minutes prior to PACLitaxel: diphenhydramine 25 mg IV** in 50 mL normal saline over 15 minutes on days 1, 8 and 15. Administer concurrently with famotidine via y-site.

☐ **30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on days 1, 8 and 15. Administer concurrently with diphenhydramine via y-site.

☐ Other: _____

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: _____

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Doctor's Order Sheet

**Kanjinti™ (trastuzumab) 8
mg/kg - PACLitaxel 80 Cycle 1
Regimen (Part II)**

ARIA Protocol Name: Kanjinti (trastuzumab)21 PAC80

Adult Chemotherapy- Medical Oncology

Adjuvant Breast Cancer Therapy



CC3710 0182 04 2022

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **Kanjinti™ (trastuzumab) 8 mg/kg** X Weight (kg) = _____ mg

IV in 250 mL normal saline over 90 minutes on day 1

☐ **PACLitaxel 80 mg/m²** X BSA = _____ mg

☐ Dose modification: **PACLitaxel 80 mg/m²** X BSA - _____ % = _____ mg

IV in 250 mL normal saline PVC Free over 60 minutes on days 1, 8 and 15

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Authorized Prescriber's Signature: _____ ID #: _____

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

Nurse's Signature: _____

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