

Doctor's Order Sheet

**CISplatin 75 - PACLitaxel 175
- Kanjinti® (trastuzumab)
8 mg/kg Cycle 1 Regimen (Part I)**

ARIA Protocol Name: Cisp75 Pac175 Kanjinti (trastuzumab)

Adult Chemotherapy - Gynecologic Oncology

Advanced Endometrial Cancer Therapy



CC3860 0197 05 2022

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

☐ **No Known**

Date: DD/MONTH/YYYY
Cycle _____ of _____

Planned Administration Date: _____

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 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

☐ **45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL normal saline over 15 minutes on day 1

☐ **30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV** in 50 mL normal saline over 15 minutes on day 1

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 day 1

Administer concurrently with diphenhydrAMINE via y-site

☐ **fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 2

☐ **dexamethasone 8 mg PO** on day 2

☐ **ondansetron 8 mg PO** on day 2

☐ Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

☐ **sodium chloride 0.9% 1000 mL IV** hydration over 60 minutes pre-CISplatin on day 2

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: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

Doctor's Order Sheet

**CISplatin 75 - PACLitaxel 175
- Kanjinti® (trastuzumab)
8 mg/kg Cycle 1 Regimen (Part II)**

ARIA Protocol Name: Cisp75 Pac175 Kanjinti (trastuzumab)

Adult Chemotherapy - Gynecologic Oncology

Advanced Endometrial Cancer Therapy



CC3860 0197 05 2022

Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **PACLitaxel 175 mg/m² X BSA = _____ mg**

☐ Dose modification: **PACLitaxel 175 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL normal saline PVC Free over 180 minutes on day 1

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

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

☐ **CISplatin 75 mg/m² X BSA = _____ mg + mannitol 25 grams**

☐ Dose modification: **CISplatin 75 mg/m² X BSA - _____ % = _____ mg + mannitol 25 grams**

IV in 500 mL normal saline infused at 1 mg/min on day 2

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

☐ **magnesium sulfate 2 grams and potassium chloride 20 mEq IV in 1000 mL normal saline over 120 minutes post-CISplatin on day 2**

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

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Authorized Prescriber's Signature: _____ ID #: _____

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

Nurse's Signature: _____

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