

(Place Patient Identification Sticker Here)



Physician Orders ADULT

Order Set:
Paclitaxel-protein bound/
Trastuzumab

Diagnosis: Breast Cancer

Height: _____ cm	Weight: _____ kg	Cycle: _____	Of: _____	
Actual BSA: _____ m ²	Treatment BSA: _____ m ²	Day/Wk: _____	Freq: q21 days	
Allergies:		<input type="checkbox"/> No known allergies		
<input type="checkbox"/> Medication allergy(s):				
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other:				
Patient Care				
<input type="checkbox"/>	Nursing Communication	T;N, Do not exceed a treatment BSA of _____ m ²		
Pre-medications				
<input checked="" type="checkbox"/>	acetaminophen	650 mg, Tab, PO, Once prior to trastuzumab		
<input checked="" type="checkbox"/>	diphenhydrAMINE	25 mg, Injection, IV Once prior to trastuzumab		
Medications				
Chemotherapy				
	Drug(generic) & solution (optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
<input checked="" type="checkbox"/>	paclitaxel protein-bound (Abraxane)	300 mg/ m ²		IV Piggyback, Infuse over 30 min, ONCE on DAY 1
<input checked="" type="checkbox"/>	trastuzumab (Herceptin)	8 mg/ m ²		IV Piggyback, Infuse over 90 min, ONCE on DAY 1
Acute Emesis Prophylaxis (may undergo therapeutic interchange)				
NOTE: Administer initial doses at least 30-60 minutes prior to chemotherapy				
<input checked="" type="checkbox"/>	ondansetron	8 mg, Injection, IV Piggyback, Once, DAY 1		
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Comment: if unable to take po		
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting		
Consults/Notifications				
<input type="checkbox"/>	Notify Physician- Once	T;N, Who: _____, For: if BSA exceeds 2 m ²		

Date

Time

Physician's Signature

MD Number

