

**PROTOCOL CODE: BRAVKAD**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment				
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L and Platelets greater than or equal to 75 x 10<sup>9</sup>/L</b>				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Renal Function <input type="checkbox"/> Other Toxicity _____				
<b>Proceed with treatment based on blood work from</b> _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 to 20 mg PO prior to treatment <input type="checkbox"/> Other: _____				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>CHEMOTHERAPY:</b>				
<b>trastuzumab emtansine (KADCYLA) 3.6 mg/kg x _____ kg = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ mg/kg x _____ kg = _____ mg				
IV in 250 mL NS (use 0.2 micron in-line filter) over 1 h 30 min. Observe for 1 hour 30 minutes post infusion. If no infusion reaction observed in Cycle 1, may administer subsequent cycles over 30 minutes, observe for 30 minutes post-infusion. Observation period not required after 3 treatments with no reaction.				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks.				
<b>CBC &amp; Diff, platelets, bilirubin, ALT, alk phos, LDH, GGT</b> prior to each cycle				
If clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Echocardiogram <input type="checkbox"/> MUGA Scan				
<input type="checkbox"/> Other Tests: <input type="checkbox"/> ECG <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>