

REVISED March 2011

TRASTUZUMAB (Herceptin) Every 3 Weeks

Date written	To begin		
Patient's Heightc Allergies: □No Diagnosis	m Weightkg Yes: Metastatic Site	BSAm ²	Protocol: Yes # No Source of Drug:
 Consent Obtained? Yes Preprinted Cons See Dictated No Note in Chart 	ote	h chemotherapy.	□Routine supply □Protocol supply □Other
		chemotherapy.	
5. Chemotherapy:			
First dose (to be u	used only once per patient)		
Trastuzui	mab, 8 mg/kg =r	ng in 250 ml NS IV ov	er 90 minutes x 1 dose only.
All Subsequent do	oses – if prior infusions well t	olerated	
Trastuzui	mab, 6 mg/kg = r	ng in 250 ml NS IV ove	er 30 minutes q 3 weeks.
6. Subsequent Doses: Patient to be seen prior	to each cycle of 2 doses by	MD, orders will be wr	itten for each cycle q 3 weeks
7. Date of last MUGA so	can or Echo Cardiogram:	Result:	
	MD/Preparer's	Signature	
	Attending Physici	an Signature	

