PENNSTATE HERSHEY
Cancer Institute
1855

Ado-trastuzumab emtansine (TDM-1, Kadcyla®)

Q 3 Weeks

Revised: August 2013

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____ Diagnosis_____ Metastatic Site _____

1. Laboratory Studies:
CBC, DIFF, PLT CMP
Notify MD if ANC <1500 or PLT <100K, TBili > 2 mg/dL, ALT > 345 and/or AST >230 unit/L
☐ Additional labs needed prior to chemo:
RN to record labs and other information requested on grid, and sign
Date of last ECHO:___/___/___
EF Result: _____%

2. Consent Obtained?
☐ Yes: ☐ Preprinted Consent ☐ See Dictated Note
☐ Note in Chart
☐ No: Plan_____

3. Infusion Room General Order Set will be initiated

4. Pre-medications:
_____

5. Chemotherapy dose calculation:

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
TBili		
ALT/AST		
Platelets		
Dose delayed or not given (reason)		
RN Signature		

Ado-trastuzumab emtansine (TDM-1, Kadcyla®) ☐ Full dose: 3.6 mg/kg=_____mg

☐ Instead of full dose, give _____% of dose = _____ mg

IV on day 1 only in 250 mL normal saline, infuse via 0.22 micron filter

Infuse over 90 minutes on cycle 1, may infuse over 30 minutes subsequent cycles if well tolerated, monitor for 90 minutes post-infusion on cycle 1, monitor for 30 minutes post-infusion subsequent cycles

Preparer's Signature _____ Date_____

Attending's Signature **Printed name** **Pager number** **Date** **Time AM/PM**