

Chemotherapy Orders  
TRASTUZUMAB (Herceptin)

Date chemotherapy to be given: \_\_\_\_\_

<p><b>Weight:</b> _____ <input type="checkbox"/> kg <input type="checkbox"/> actual <input type="checkbox"/> ideal No standard parameters, only weight in kg needed for treatment</p>
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<p><b>Loading Dose:</b></p> <p>1. Premed loading dose with Acetaminophen (<i>Tylenol</i>) 650mg PO Diphenhydramine (<i>Benadryl</i>) 12.5mg, 25mg or 50mg IVP or PO Other _____</p> <p>2. <b>Herceptin</b> _____ mg/kg (<i>usual dose 4 mg/kg</i>) x _____ kg = _____ mg in 250 ml NS IV over 90 minutes</p> <p>See additional chemotherapy orders for concurrent treatment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Baseline LVEF (<i>Muga scan left ejection fraction</i>) _____ &gt; 50</p>
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<p><b>Maintenance Dose:</b></p> <p>1. Premedicate with Acetaminophen (<i>Tylenol</i>) 650mg PO Diphenhydramine (<i>Benadryl</i>) 12.5mg, 25mg or 50mg IVP or PO Other _____</p> <p>2. <b>Herceptin</b> _____ mg/kg (<i>usual dose 2 mg/kg</i>) x _____ kg = _____ mg in 250 ml NS IV over 30 minutes, 60 minutes or 90 minutes</p> <p>See additional chemotherapy orders for concurrent treatment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last LVEF (<i>Muga scan left ejection fraction</i>) _____ &gt; 50</p>
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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CHEMOTHERAPY ORDERS  
TRASTUZUMAB (Herceptin)**