

## IP TRASTUZUMAB / LAPATINIB (CYCLE 1 ONLY)

Types: ONCOLOGY TREATMENT

Synonyms: TRAS, TRASTUZUMAB, HERCEPTIN, LAPA, LABA, TYKER, BREAST

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>		Perform every 1 day x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION</b> Interval: Until discontinued      Occurrences: -- Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).  If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.		
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 63</b> Interval: Until discontinued      Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b> Interval: Once      Occurrences: --		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b> Interval: Once      Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b> Interval: Once      Occurrences: --		
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b> Interval: Once      Occurrences: --		
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b> Interval: Once      Occurrences: --		
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 7</b> Interval: Until discontinued      Occurrences: -- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.		
<b>Line Flush</b>		
<b>sodium chloride 0.9 % flush 20 mL</b> Dose: 20 mL      Route: intravenous      PRN Start: S		
<b>Nursing Orders</b>		
<b>sodium chloride 0.9 % infusion 250 mL</b> Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose		

Start: S  
Instructions:  
To keep vein open.

Pre-Medications

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once for 1 dose

Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg                      Route: intravenous                      once over 15 Minutes for 1 dose

Start: S

End: S 11:45 AM

Instructions:

Administer 30 minutes prior to chemotherapy.

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg                      Route: oral                                      once for 1 dose  
Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg                      Route: oral                                      once for 1 dose  
Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      once for 1 dose  
Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg                      Route: oral                                      once for 1 dose  
Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                                      once for 1 dose  
Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

Chemotherapy

**trastuzumab (HERCEPTIN) 8 mg/kg in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 8 mg/kg      Route: intravenous      once over 90 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
NOT compatible with D5W.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION	Medications	8 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg      Route: intravenous      PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg      Route: oral      PRN  
Start: S

Supportive Care

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: injection      every 6 hours PRN  
Start: S

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN

**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units      Route: intra-catheter      once PRN  
Start: S

Instructions:  
Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Nursing Orders

**ONC NURSING COMMUNICATION 15**

Interval: Until discontinued      Occurrences: --

Comments:      Verify that the patient has appropriate prescription for oral chemotherapy medication.