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	
Day		·			erform every 1 day x1
	Provi	der Communication ONC PROVIDER COM			
		Interval: Until	Occurrences:		
		discontinued			
		Comments:	Verify Ejection Fractior (date).	prior to Cycle 1. Ejection F	Fraction: ***% on ***
			entry. A baseline cardia recommended, especia cardiac toxicity. Repea	recent MUGA or ECHO, orc ac evaluation with a MUGA s ally in patients with risk factor ted MUGA or ECHO determi particularly with higher, cumu	can or an ECHO is rs for increased nations of LVEF
	Provi	der Communication			
	11001	ONC PROVIDER COM	MUNICATION 63		
		Interval: Until discontinued	Occurrences:		
	Labs				
			TABOLIC PANEL		
		Interval: Once	Occurrences:		
		CBC WITH PLATELET	AND DIFFERENTIAL		
		Interval: Once	Occurrences:		
		☑ MAGNESIUM LEVEL			
		Interval: Once	Occurrences:		
		URINALYSIS, AUTOM	ATED WITH		
		Interval: Once	Occurrences:		
			-29 (CA BR)		
		Interval: Once	Occurrences:		
	Nursi	ng Orders			
		TREATMENT CONDIT	Occurrences:		
		discontinued			
		Comments:	HOLD and notify provid 100,000.	ler if ANC LESS than 1000;	Platelets LESS than
	Line I	Flush			
		sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN	
	Nursi	ng Orders			
		sodium chloride 0.9 % Dose: 250 mL	infusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 dos	e

	Start: S Instructions:					
	To keep vein open.					
e-N	ledications					
		ENADRYL) injection 25				
	Dose: 25 mg Start: S Instructions:	Route: intravenous	once for 1 do	se		
	Administer via slow IV chemotherapy.	V push 30 minutes prior to)			
	diphenhydrAMINE (BE					
	└── sodium chloride 0.9 % Dose: 50 mg	Route: intravenous	once over 15	Minutes 1	for 1 dose	
	Start: S Instructions:	End: S 11:45 AM				
	Administer 30 minute Ingredients:	s prior to chemotherapy. Name	Туре	Dose	Selected	Adds Vol
		DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION		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 (BB	ENADRYL) tablet 25 mg				
	Dose: 25 mg	Route: oral	once for 1 do Offset: 0 Hou			
	Instructions:	s prior to chemotherapy.				
	Dose: 50 mg	ENADRYL) tablet 50 mg Route: oral	once for 1 do	50		
	Instructions:	noule. orai	Offset: 0 Hou			
		s prior to chemotherapy.				
	☐ famotidine (PEPCID) 2 ☐ mg	20 mg/2 mL injection 20				
	Dose: 20 mg	Route: intravenous	once for 1 do Offset: 0 Hou			
	Instructions: Administer 30 minute	s prior to chemotherapy.				
	☐ famotidine (PEPCID) t	ablet 20 mg				
	Dose: 20 mg	Route: oral	once for 1 do Offset: 0 Hou			
	Instructions: Administer 30 minute	s prior to chemotherapy.				
	☑ acetaminophen (TYLE)	NOL) tablet 650 mg				
		NOL) tablet 650 mg Route: oral	once for 1 do Offset: 0 Hou			

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 TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % CHLORIDE 0.9 % OS Base 250 mL Yes Yes Ingredient Supportive Care O LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Start: S O LORAZepam (ATIVAN) tablet 1 mg
chloride 0.9 % 250 mL chemo IVPB once over 90 Minutes for 1 dose Offset: 30 Minutes Dose: 8 mg/kg Route: intravenous once over 90 Minutes for 1 dose Offset: 30 Minutes Instructions: NOT compatible with D5W. Ingredients: Name TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION Type Medications Dose 8 mg/kg Selected Adds Vol. Main Yes Ingredient Supportive Care QS Base 250 mL Yes Yes Dose: 1 mg Start: S Route: intravenous PRN PRN
Dose: 8 mg/kg Route: intravenous once over 90 Minutes for 1 dose Offset: 30 Minutes Instructions: NOT compatible with D5W. Ingredients: Name TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION SODIUM Type Medications Dose 8 mg/kg Selected Adds Vol. Main Yes Ingredient Supportive Care QS Base 250 mL Yes Yes Obse: 1 mg Start: S Route: intravenous PRN Final Start St
Offset: 30 Minutes Instructions: NOT compatible with D5W. Ingredients: Name TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION SODIUM Type Medications Dose 8 mg/kg Selected Adds Vol. Main Yes Ingredient Main Yes Ingredient Yes Yes Yes Solution SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION QS Base 250 mL Yes Yes Supportive Care O LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Start: S
NOT compatible with D5W. Name Type Dose Selected Adds Vol. Ingredients: TRASTUZUMAB 150 MG Not compatible with D5W. Main Yes 150 MG INTRAVENOUS SOLUTION SOLUTION SOLUTION QS Base 250 mL Yes Yes Supportive Care O LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Route: intravenous PRN Yes Yes
Ingredients: Name TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Type Medications Dose 8 mg/kg Selected Main Adds Vol. QS Base 250 mL Yes Yes Ves Ves Yes Dose Ingredient Yes Supportive Care Ves Yes Dose: 1 mg Start: S Route: intravenous PRN
TRASTUZUMAB Medications 8 mg/kg Main Yes 150 MG INTRAVENOUS SOLUTION QS Base 250 mL Yes Yes SODIUM CHLORIDE 0.9 % INTRAVENOUS QS Base 250 mL Yes Yes Supportive Care Intravenous SOLUTION Intravenous Intravenous Intravenous Intravenous Dose: 1 mg Route: intravenous PRN PRN Intravenous Intravenous
CHLORIDE 0.9 % INTRAVENOUS SOLUTION Supportive Care O LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Start: S Route: intravenous PRN
 LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Route: intravenous PRN Start: S
Dose: 1 mg Route: intravenous PRN Start: S
Dose: 1 mg Route: intravenous PRN Start: S
Start: S
○ LORAZepam (ATIVAN) tablet 1 mg
Dose: 1 mg Route: oral PRN Start: S
Supportive Care
O promethazine (PHENERGAN) injection 12.5 mg
Dose: 12.5 mg Route: injection every 6 hours PRN Start: S
Discharge Nursing Orders
Socium 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 Occurrences:
discontinued Comments: Verify that the patient has appropriate prescription for oral chemotherap medication.