1. **ALLERGIES/REACTIONS:**

2. **DIAGNOSIS:**
   - HER-2 Overexpressing Breast Cancer
   - HER-2 Overexpressing Metastatic Gastric or Gastroesophageal Junction Adenocarcinoma
   - Other (provide protocol)

3. Height: ____________ cm  Actual Weight: ____________ kg

4. **CARDIAC ASSESSMENT:**
   - Baseline MUGA scan and ECG
   - Baseline MUGA scan and ECG are completed and available in physician’s office
   - Patient shows no clinical signs of heart failure

5. **PRE-MEDICATION:** Give 30 minutes prior to trastuzumab (Herceptin) infusion (may omit if no reaction to previous therapy)
   - Acetaminophen (Tylenol) 650 mg PO. May repeat every 4 hours PRN chills or temperature greater than 38°C
   - Diphenhydramine (Benadryl) 50 mg PO. May repeat every 4 hours PRN rash
   - Hydroxyzine (Vistaril) 50 mg PO to be used in lieu of diphenhydramine (Benadryl). Not for use in patients age 65 and over.

6. **TRASTUZUMAB (HERCEPTIN) ADMINISTRATION:**
   - **A. For Breast Cancer, Metastatic Gastric or Gastroesophageal Junction Adenocarcinoma**
     - **Loading Dose:**
       - 8 mg/kg = ____________ infuse intravenously over at least 90 minutes
     - **Maintenance Dose:** (start 3 weeks after Loading Dose)
       - 6 mg/kg = ____________ infuse intravenously over at least 30-90 minutes
   - **B. For Breast Cancer:**
     - **Loading Dose:**
       - 4 mg/kg = ____________ infuse intravenously over at least 90 minutes
     - **Maintenance Dose:** (start 1 week after Loading Dose)
       - 2 mg/kg = ____________ infuse intravenously over at least 30 minutes
   - **C. Dilute in 250 ml 0.9% sodium chloride (Normal Saline)**
   - **D. DO NOT** administer as an IV push or bolus
   - **E. Do not infuse dextrose or other medications into the IV line with trastuzumab (Herceptin)**

7. **TREATMENT:**
   - Vital Signs: Pre and Post Infusion
   - **NOTIFY PHYSICIAN IF:**
     - Systolic blood pressure less than ____________ mmHg
     - Pulse greater than ____________
     - Temperature greater than ____________ °C
   - For infusion reactions initiate Drug Related Hypersensitivity Physician Order #774
     - If mild infusion reaction occurs the infusion may be resumed at one-half the previous rate upon improvement of patient symptoms
   - Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
   - Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Procedure #788
   - Nurse May Initiate IV Catheter Care, Outpatient Physician Order # 858

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

**DATE**            **TIME**            **PHYSICIAN’S SIGNATURE**

Another brand of drug, identical in form and content, may be dispensed unless checked. □