

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

No. of lumen:

NHS No

TRASTUZUMAB + VINORELbine 3WK

Trastuzumab +Vinorelbine 60mg/m2 PO 3wk Load

Diagnosis

Carcinoma of Breast

SA (m²)

Height (m)

Weight (kg)

Page:1 of 4

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
ALK PHOSPH 5 ULN	30.00	650.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE 1.5ULN	0.00	200.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
ALA TRANSAM2.5ULN	0.00	100.00	Day [8]			
ALK PHOSPH 5 ULN	30.00	650.00	Day [8]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [8]			
CREATININE 1.5ULN	0.00	200.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			

Additional Prescribing Notes

Delay 1 week on Day 1 if:  
ANC <1.5 and/ or Plts <100

Omit treatment on Day 8 if  
ANC <1 and/ or Plts <100

Trastuzumab  
MUGA Scan required prior to day 1 and then every 4 months during treatment.  
For the management of cardiotoxicity refer to NCRI Guidance British Journal of Cancer (2009) 100, 684-692.

CAUTION: Patients should be observed for at least six hours after the start of the first trastuzumab infusion and for two hours after the start of the subsequent infusions for symptoms of hypersensitivity.  
Refer to Network Hypersensitivity Guidance

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/ Checked by	Time Start/ Stop	Comments
1	T=:hrs	TRASTUZUMAB  (8mg/kg)	mg	SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	MUGA Scan required prior to day 1 and then every 12 weeks during treatment.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral  
Intrathecal  
Oral

1  
0  
3

Date:

Date:

Date:

Date:

Chart Id.:Preview

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			Course Name	Trastuzumab +Vinorelbine 60mg/m2 PO 3wk Load					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Carcinoma of Breast						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration															
Route	PO		Start Date															
Frequency	STAT		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken 30 minutes before vinorelbine dose																	
Drug & dose	VINOELBINE ORAL																	
Actual dose	120 mg		Duration	1 DAY ONLY														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Maximum dose 120mg/ week.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

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DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration															
Route	PO		Start Date															
Frequency	STAT		Start Day	8														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken 30 minutes before vinorelbine dose.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
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Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	