

MIC METRO INFUSION CENTER

Pertuzumab/trastuzumab/hyaluronidase-zzxf (Phesgo)

Referring Provider:

Name:	
DOB:	
Diagnosis/Code: _	/

Telephone#_

Flat Dosing							
Laboratory or Other Tests Rel	ated to Chemot	herapy:			-		
☐ CBC/differential prior to each dose							
☐ CBC/Differential everycycles							
☐ LVEF prior to starting treatment and then every 3 months; Last LVEF done:/Ejection fraction:							
Dosing Guidelines/ Parameters:							
☐ ANC less than 1000 ☐ Platelets less than 75,000							
□ Other:							
☐ No hold parameters							
Hydration Orders: ☐ Not Required							
Premedication and Antiemeti	ic Orders: None	☐ Not Required (minimal er	netogenic potei	ntial)	,		
DRUG		DOSE	ROUTE	RATE	FREQUENCY, DAYS TO BE GIVEN		
☐ Acetaminophen (Tylenol)		☐ 650mg ☐ 1000mg	РО		30 min prior to each dose		
Dischaubandanaina (Danad		☐ 25 mg	□ РО		20 min minute and desc		
☐ Diphenhydramine (Benad	ryı)	□ 50mg	\square IVP		30 min prior to each dose		
Treatment Orders:							
	DOSE	DOSE			FREQUENCY, DAYS TO BE		
DRUG	CALCULATION	SOLUTION AND VOLUME	ROUTE	RATE	GIVEN, AND TOTAL DOSES		
		1200mg Pertuzumab					
Pertuzumab/trastuzumab/	Flat Dosing	600mg Trastuzumab	SQ	8 minut	Every 21 days		
hyaluronidase-zzxf	riat Dosilig	30,000 units	30	o minut	First dose only		
(Phesgo)		hyaluronidase/15ml					
		600mg Pertuzumab					
Pertuzumab/trastuzumab/	Flat Dosing	600mg Trastuzumab	SQ	8 minut	Every 21 days		
hyaluronidase-zzxf		20,000 units			All subsequent dosing		
(Phesgo)		hyaluronidase/10ml					
Date of first treatment:/subsequent treatments may be given +/- 2 days							
This order is good for 1 year	from the date or	darad					
Other:	nom the date of	dered					
☐ Monitor the patient for minutes after infusion for delayed reaction							
Oral cancer treatment the patient is also taking:							
Call referring provider for:							
1. Signs and symptoms of CHF							
2. New onset pulmonary symptoms							
3. Diarrhea of more than 2-3/day							
4. LFT abnormalities							
Other research cells							
Other reasons to call:							
DATE							

PRINTED NAME REQUIRED