

**PROTOCOL CODE: GIATZB**

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**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

**To be given:**

**Cycle #:**

Date of Previous Cycle:

☐ Delay treatment \_\_\_\_\_ week(s)

May proceed with doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 X baseline, BP less than or equal to 160/100.** For those patients on warfarin, hold bevacizumab if **INR greater than 3.0**

Proceed with treatment based on blood work from \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

For prior infusion reaction:

- ☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment
- ☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment
- ☐ **hydrocortisone 25 mg** IV 30 minutes prior to treatment

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**TREATMENT:** ☐ Repeat in three weeks

**atezolizumab (select one option):**

- ☐ **atezolizumab subcut 1875 mg** (fixed dose in 15mL) **subcutaneously** over 7 minutes into the thigh.  
Observe for 15 minutes post injection. Discontinue observation after 3 consecutive treatments with no reaction.

**OR**

- ☐ **atezolizumab 1200 mg** IV in 250 mL NS over 30 minutes (first infusion over 1 hour)

**bevacizumab 15 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour).

(Blood pressure measurement pre and post dose for first 3 cycles and prior to bevacizumab for subsequent cycles.)

Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190 (note: only biosimilars are funded)

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
bevacizumab		

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <u>three</u> weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in <u>six</u> weeks for Doctor and Cycles _____ and _____. Book chemo x 2 cycles. <input type="checkbox"/> Last cycle. Return in _____ week(s)	
<p><b>CBC &amp; Diff, creatinine, ALT, total bilirubin, INR, albumin, sodium, potassium, TSH</b> prior to each treatment</p> <p><b>Dipstick Urine or laboratory urinalysis for protein</b> at the beginning of each <b>even</b> numbered cycle.          (If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then:  <input type="checkbox"/> <b>24 hr urine for total protein</b> must be done within 3 days prior to next cycle.)</p> <p>If clinically indicated:</p> <p> <input type="checkbox"/> <b>AFP</b>   <input type="checkbox"/> <b>ECG</b>   <input type="checkbox"/> <b>chest x-ray</b>  <input type="checkbox"/> <b>alkaline phosphatase</b>   <input type="checkbox"/> <b>GGT</b>   <input type="checkbox"/> <b>free T3 and free T4</b>   <input type="checkbox"/> <b>random glucose</b>  <input type="checkbox"/> <b>creatine kinase</b>   <input type="checkbox"/> <b>troponin</b>   <input type="checkbox"/> <b>lipase</b>  <input type="checkbox"/> <b>morning serum cortisol</b>   <input type="checkbox"/> <b>serum ACTH levels</b>  <input type="checkbox"/> <b>testosterone</b>   <input type="checkbox"/> <b>estradiol</b>   <input type="checkbox"/> <b>FSH</b>   <input type="checkbox"/> <b>LH</b>  <input type="checkbox"/> <b>INR weekly</b>   <input type="checkbox"/> <b>INR prior to each cycle</b>  <input type="checkbox"/> <b>serum HCG or</b>   <input type="checkbox"/> <b>urine HCG</b> – required for woman of childbearing potential  <input type="checkbox"/> <b>Weekly nursing assessment</b>  <input type="checkbox"/> <b>Other consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests.</b> </p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>