



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GIAVFIROXB

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DOCTOR'S ORDERS			Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
DATE: _____	To be given: _____	Cycle #: _____	
Date of Previous Cycle: _____			
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment			
May proceed with doses as written if within 72 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$, BP less than or equal to 160/100. For those patients on warfarin, hold bevacizumab if INR greater than 3			
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____			
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment (omit if below dexamethasone IV premedication ordered) and select ONE of the following:			
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3 ondansetron 8 mg PO 30 to 60 minutes prior to treatment		
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment		
<input type="checkbox"/> Prophylactic atropine 0.3 mg subcutaneously 30 minutes prior to irinotecan			
<input type="checkbox"/> For prior oxaliplatin hypersensitivity reactions (Grade 1 or 2): 45 minutes prior to oxaliplatin: dexamethasone 20 mg IV in 50 mL NS over 15 minutes 30 minutes prior to oxaliplatin: diphenhydramine 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)			
NO ice chips <input type="checkbox"/> Other: _____			
** Have Hypersensitivity Reaction Tray & Protocol Available **			
TREATMENT: (Note – continued over 2 pages) <input type="checkbox"/> repeat in 2 weeks All lines to be primed with D5W; bevacizumab line to be primed with NS			
oxaliplatin $85 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² \times BSA = _____ mg IV in 250 to 500 mL D5W over 2 hours			
leucovorin (select one if fluorouracil IV push ordered; optional if fluorouracil IV push omitted) <input type="checkbox"/> leucovorin $400 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² \times BSA = _____ mg IV in 250 mL D5W over 1 hour 30 minutes* OR <input type="checkbox"/> leucovorin $20 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg IV push			
*** CONTINUED ON PAGE 2 ***			
DOCTOR'S SIGNATURE: _____			SIGNATURE: UC: _____

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DATE:
TREATMENT: (Continued)
irinotecan 180 mg/m² x BSA = _____ mg
☐ Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 500 mL D5W over 1 hour 30 minutes*

* irinotecan and leucovorin may be infused at the same time by using a Y connector placed immediately before the injection site.

fluorouracil IV push (optional)
☐ **fluorouracil 400 mg/m² x BSA = _____ mg**
☐ Dose Modification: _____ mg/m² x BSA = _____ mg

IV push **THEN**
bevacizumab 5 mg/kg x _____ kg = _____ mg

IV in 100 mL NS over 10 minutes. Flush line with NS pre and post dose.

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

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (Please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
bevacizumab			

fluorouracil infusion (required)
fluorouracil 2400 mg/m² x BSA = _____ mg**
☐ Dose Modification: _____ mg/m² x BSA = _____ mg**

IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR

Pharmacist to select **Dose Bands** per last page and complete table below (Please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
fluorouracil		

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SIGNATURE:
UC:

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DATE:	
<p>Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).</p>	
<p>atropine 0.3 subcutaneously prn. May repeat every 30 min to a maximum dose of 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.</p>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ and _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle</p> <p>Dipstick Urine or laboratory urinalysis for protein at the beginning of each even numbered cycle.</p> <p>(If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then: <input type="checkbox"/> 24 hr urine for total protein must be done within 3 days prior to next cycle.)</p> <p>If clinically indicated:</p> <p><input type="checkbox"/> ECG <input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9</p> <p><input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium</p> <p><input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Book for PICC assessment / insertion per Centre process</p> <p><input type="checkbox"/> Book for IVAD insertion per Centre process</p> <p><input type="checkbox"/> Weekly nursing assessment for (specify concern): _____</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:

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BEVACIZUMAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 188		Pharmacy prepares specific dose
188	221.49	200
221.5	236.49	225
236.5	260.49	250
260.5	286.49	275
286.5	332.49	300
332.5	387.49	350
387.5	443.49	400
443.5	474.49	450
474.5	554.49	500
554.5	665.49	600
665.5	776.49	700
776.5	887.49	800
887.5	999.49	900
999.5	1099.49	1000
1099.5	1199.49	1100
1199.5	1299.49	1200
1299.5	1399.49	1300
1399.5	1499.49	1400
1499.5	1599.49	1500
1599.5	1699.49	1600
1699.5	1799.49	1700
1799.5	1899.49	1800
1899.5	1999.49	1900
1999.5	2099.49	2000
2099.5	2199.49	2100
2199.5	2299.49	2200
2299.5	2399.49	2300
More than 2399.49		Pharmacy prepares specific dose

FLUOROURACIL DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg) for INFUSOR
From:	To:	
Less than 3000		Pharmacy prepares specific dose
3000	3400	3200 mg
3401	3800	3600 mg
3801	4200	4000 mg
4201	4600	4400 mg
4601	5000	4800 mg
5001	5500	5250 mg
More than 5500		Pharmacy prepares specific dose