



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GOCABRBEV**

**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)
- CBC & Diff, platelets** day of treatment

May proceed with doses as written, if within 72 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, BP less than or equal to 150/100 mmHg.** For patients on warfarin, hold bevacizumab if INR **greater than 3.0**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_  
Proceed with treatment based on blood work from \_\_\_\_\_

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

**dexamethasone 8 mg or 12 mg** (circle one) PO 30 to 60 minutes prior to **CARBOplatin**

**ondansetron 8 mg** PO 30 to 60 minutes prior to **CARBOplatin**

**Other:**

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

**CHEMOTHERAPY:**

**PACLitaxel NAB (ABRAXANE) 260 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter)

**CARBOplatin AUC 6 or 5 (circle one) x (GFR + 25) = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in **100 to 250** mL NS over 30 minutes.

Blood pressure measurement pre-bevacizumab dose.

**bevacizumab 7.5 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg

IV in 100 mL NS over 15 minutes (first infusion over 1 hour).

**OR**

**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 post-bevacizumab infusion for first 3 cycles.

Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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<b>DOCTOR'S ORDERS</b>	
DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in <b>three</b> weeks for Doctor and Cycle _____.	
<input type="checkbox"/> Last Treatment. Return in _____ week(s).	
<p><b>CBC &amp; Diff, platelets, creatinine, laboratory urinalysis or urine dipstick for protein</b> prior to next cycle.</p> <p><input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> on Day 14.</p> <p><input type="checkbox"/> <b>24 h urine for total protein</b> within 3 days prior to next bevacizumab dose if 2+ or 3+ dipstick or greater than or equal to 1 g/L laboratory urinalysis for protein</p> <p><input type="checkbox"/> <b>INR</b> weekly    <input type="checkbox"/> <b>INR</b> prior to next cycle</p> <p>Prior to next cycle, if clinically indicated:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> <b>Bilirubin</b>    <input type="checkbox"/> <b>Alk Phos</b>    <input type="checkbox"/> <b>GGT</b>    <input type="checkbox"/> <b>ALT</b>    <input type="checkbox"/> <b>LDH</b>  <input type="checkbox"/> <b>Tot Prot</b>    <input type="checkbox"/> <b>Albumin</b>  <input type="checkbox"/> <b>CA 15-3</b>    <input type="checkbox"/> <b>CA 125</b>    <input type="checkbox"/> <b>CA 19-9</b>    <input type="checkbox"/> <b>CEA</b>    <input type="checkbox"/> <b>SCC</b> </p> <p><input type="checkbox"/> <b>Refer to Hereditary Cancer Program (see accompanying referral form)</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>