

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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

## PROTOCOL CODE: GOCISPBEV

Page 1 of 2						
DOCTOR'S ORDERS	Ht	_cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies ar	nd previous bleom	ycin a	re docur	mented on	the Allerg	gy & Alert Form
DATE: To be	given:			Cycle #	:	
Date of Previous Cycle:						
Delay treatment week(s)						
<b>CBC &amp; Diff, Platelets</b> day of treatment						
May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10 <sup>9</sup> /L, Platelets greater than or equal to 100 x 10 <sup>9</sup> /L, Creatinine Clearance greater than or equal to 60 mL/min, 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		Othe	r Toxicit	y:		
Proceed with treatment based on blood wor	k from					
		st to c	onfirm			
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm         45 minutes prior to PACLitaxel: dexamethasone 20 mg IV in 50 mL NS over 15 minutes.         30 minutes prior to PACLitaxel: 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)         Select ONE of the following:         aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin         netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin         Other:						
**Have Hypersensi	tivity Reaction Tra	y and	Protoco	l Available	**	
HYDRATION:						
Prehydrate with 1000 mL NS IV over 60 minutes prior to CISplatin.						
CHEMOTHERAPY: (Note - continued over 2 pages)						
<b>PACLitaxel 175 mg/m</b> <sup>2</sup> x BSA =mg						
Dose Modification: $mg/m^2 \times BSA = mg$						
IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non DEHP tubing with 0.2 micron in-line filter)						
· · · · · · · · · · · · · · · · · · ·	,		Ū			,
CISplatin 75 mg/m²/day OR mg/m²/day (select one) x BSA = mg Dose Modification:mg/m²/day x BSA =mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g, over 1 hour						
ORDERS CONTINUE ON PAGE 2						
DOCTOR'S SIGNATURE:					SIGNAT	URE:
					UC:	



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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

## PROTOCOL CODE: GOCISPBEV

Page 2 of 2

DOCTOR'S	ORDERS					
DATE:						
CHEMOTHERA	NPY: (continued)					
Blood pressure measurement pre-bevacizumab dose.						
<b>bevacizumab 7.5 mg/kg</b> x kg = mg						
IV in 100 mL NS	S over 15 minutes (first infusion over 1 hour).					
OR						
	<b>bevacizumab 15 mg/kg</b> x kg = mg					
IV in 100 to 250	IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour).					
Blood pressure m	easurement post-bevacizumab infusion for first 3 cyc	les.				
Pharmacy to se	elect bevacizumab brand as per Provincial Systemic Therap	y Policy III-190				
Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and D	ate			
bevacizumab						
	•					
RETURN APPOINTMENT ORDERS						
Return in <u>three</u> w	eeks for Doctor and Cycle					
Last Treatment. Return in week(s).						
CBC & Diff, plate next cycle.						
24 h urine fo						
dipstick or greate						
INR weekly INR prior to next cycle						
Prior to next cycle, if clinically indicated:						
☐ bilirubin						
$\Box$ CA 15-3 $\Box$ CA 125 $\Box$ CA 19-9 $\Box$ CEA $\Box$ SCC						
Other tests:						
Consults:	velava abaat fax additional vaguaata					
See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:			SIGNATURE:			
			UC:			