**DOCTOR’S ORDERS**

Ht ________cm  Wt _________kg  BSA __________m$^2$

**REMEMBER:** 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) and repeat CBC & Diff, Platelets on day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to 1 x $10^9$/L, Platelets greater than or equal to 100 x $10^9$/L, BP less than or equal to 150/100, and urine dipstick for protein negative or 1+.

Dose modification for:  
☐ Hematology  
☐ Other Toxicity

Proceed with treatment based on blood work from _______

**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 and ranitidine 50 mg IV in 50 mL NS over 20 minutes
- ondansetron 8 mg PO 30 minutes prior to CARBOplatin
  - ☐ Other:  
  - **Have Hypersensitivity Reaction Tray and Protocol Available**

**CHEMOTHERAPY:**

- □ PACLitaxel 175 mg/m$^2$ or □ 155 mg/m$^2$ or □ 135 mg/m$^2$ (select one) x BSA = __________ mg
  - ☐ Dose Modification: ________% = ________mg/m$^2$ x BSA = ________mg
  - IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

- □ CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) x = __________ mg
  - ☐ Dose Modification: ________% = ________mg
  - IV in 250 mL NS over 30 minutes.  
  - Flush line with 10 mL NS pre-bevacizumab. Blood pressure measurement pre-bevacizumab dose.

- □ bevaczumab 15 mg/kg or □ _______ mg/kg (select one) x _______ kg = _______mg
  - IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour). Flush line with 25 mL NS post-bevacizumab.  
  - (Blood pressure measurement post-bevacizumab infusion for first 3 cycles)
  - Pharmacy to select bevaczumab brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
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<tbody>
<tr>
<td>bevaczumab</td>
<td></td>
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**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order GOCXCATB  
Created: 1 Apr 2014  Revised: 1 Nov 2020
DATE:

<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
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<tbody>
<tr>
<td>Return in ☐ three weeks, or ☐ four weeks for Doctor and Cycle _________</td>
</tr>
<tr>
<td>☐ Last Treatment. Return in _______ week(s).</td>
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</tbody>
</table>

If this is Cycle 1 or if a dose change has been made: **CBC & Diff, Platelets** on Day 14 (and Day 21 if RTC is in four weeks).

**CBC & Diff, Platelets, Creatinine, Laboratory urinalysis or Urine dipstick for protein** prior to next cycle (*within 96 hours OK*).

**CBC & Diff, Platelets** on ☐ Day 14  ☐ Day 21

☐ 24 hr urine for total protein 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

☐ INR weekly  ☐ INR prior to next cycle

Prior to next cycle, if clinically indicated: ☐ Bilirubin  ☐ Alk Phos  ☐ GGT  ☐ ALT

☐ LDH  ☐ Tot Prot  ☐ Albumin  ☐ CA 15-3  ☐ CA 125  ☐ CA 19-9  ☐ SCC  ☐ CEA

☐ Other tests:

**NB** – Repeat any positive imaging after every 2 cycles.

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**