**DOCTOR’S ORDERS**

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<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
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<tr>
<th>Date of Previous Cycle:</th>
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- □ Delay treatment _____ week(s) and repeat CBC & Diff, Platelets on day of treatment

May proceed with doses as written if BP less than or equal to 150/100, within 96 hours of Day 1: urine dipstick for protein negative or 1+, ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L.

Dose modification for:  
- □ Hematology  
- □ Other Toxicity ________________________________  

Proceed with treatment based on blood work from ________________________________

**PREMEDICATIONS:**  
(No prophylactic antiemetics usually necessary)

If prior infusion reaction:  
- 45 minutes prior to DOXOrubicin pegylated liposomal (CAELYX):  
  - □ dexamethasone 20 mg IV in 50 mL D5W over 15 minutes  
- 30 minutes prior to DOXOrubicin pegylated liposomal (CAELYX):  
  - □ diphenhydramine 50 mg IV and ranitidine 50 mg IV in 50 mL D5W over 20 minutes  

□ Other:

**CHEMOTHERAPY:**

DOXOrubicin pegylated liposomal line to be primed with D5W; bevacizumab line to be primed with NS.

**DAY 1:**  
DOXOrubicin pegylated liposomal (CAELYX) 40 mg/m² x BSA = ________ mg

- □ Dose Modification: ________mg/m² x BSA = ________mg

  IV in 250 to 500 mL D5W over 1 h* on Day 1 only.  
*In Cycle 1, infuse over at least 1 h (maximum 1 mg/min). For subsequent doses and no prior reaction, infuse over 1 h.

**DAYS 1 and 15:**  
Flush line with 10 mL NS pre-bevacizumab. Blood pressure measurement pre-bevacizumab dose.

bevacizumab □ 10 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) on Days 1 and 15.  
Flush line with 25 mL NS post-bevacizumab.  
(Blood pressure measurement post-bevacizumab infusion for first 3 cycles)

Pharmacy to select bevacizumab 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>bevacizumab</td>
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**DOCTOR’S SIGNATURE:**

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<th>Signature:</th>
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**UC:**
PROTOCOL CODE: GOOVBEVLD

DATE: 

RETURN APPOINTMENT ORDERS

Return in four weeks for Doctor and Cycle _______. Book Chemo Day 1 & 15.

☐ Last Treatment. Return in _______ week(s).

CBC & Diff, Platelets, □ Laboratory urinalysis or □ Urine dipstick (select one) for protein prior to next cycle (within 96 hours OK). No routine labwork required on Day 15.

☐ 24 hour 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 ☐ Creatinine  ☐ CA 15-3  ☐ CA 125  ☐ CA 19-9  ☐ SCC

☐ CEA

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: 

SIGNATURE: 

UC: