



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: GOOVCATB (Induction)**

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**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 1.0 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, 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** in NS 50 mL over 15 minutes and **famotidine 20 mg IV** in NS 100 mL over 15 minutes (Y-site compatible)

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

**Other:** \_\_\_\_\_

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

**CHEMOTHERAPY: (Note – continued over 2 pages)**

**CYCLE # 1**

**PACLitaxel**  **175 mg/m<sup>2</sup>** OR  \_\_\_\_\_ **mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x 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)

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

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

IV in 100 to 250mL NS over 30 minutes.

**ORDERS CONTINUE ON PAGE 2**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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DATE:

**OR**  **CYCLE #** \_\_\_\_ (cycle 2-6)

**PACLitaxel**  **175 mg/m<sup>2</sup>** OR  \_\_\_\_\_ **mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x 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)

**CARBOplatin AUC**  **6** or  **5 (select 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).

(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		

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_

Last Treatment. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine, Laboratory urinalysis or Urine dipstick for protein** prior to next cycle.

*If this is Cycle 1: CBC & Diff, Platelets on Day 14.*

*In subsequent cycles, if indicated: CBC & Diff, Platelets on  Day 14*

**24 h 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**

**Refer to Hereditary Cancer Program (see accompanying referral form)**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**