



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 and according to acceptable standards of care

PROTOCOL CODE: GOOVCATB (Maintenance)

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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)

May proceed with doses as written if within 96 hours BP less than or equal to 150/100, and urine dipstick for protein negative or 1+.

Proceed with treatment based on blood work from _____

PREMEDICATIONS: **Not usually required for bevacizumab**

If ordered, patient to take own supply. RN/Pharmacist to confirm _____.

CHEMOTHERAPY:

Repeat in three weeks Repeat in three and six weeks

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 _____

Return in **six** weeks for Doctor and Cycles ____ and _____. Book chemo x 2 cycles.

Return in **nine** weeks for Doctor and Cycles ____ and _____. Book chemo x 3 cycles.

Last Treatment. Return in _____ week(s).

Laboratory urinalysis or **Urine dipstick for protein** prior to **each** cycle.

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 **each** cycle

Prior to **each** cycle, if clinically indicated:

- CBC & Diff, Platelets** **Creatinine**
- Bilirubin** **Alk Phos** **GGT** **ALT** **LDH**
- Total Protein** **Albumin**
- CA 15-3** **CA 125** **CA 19-9**

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____