A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

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

May proceed with doses as written if BP less than or equal to 150/100, and 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.

May proceed with doses as written if BP less than or equal to 150/100, and, if indicated by protocol, within 24 hours of Day 8 and 15: 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:**

☐ prochlorperazine 10 mg PO prior to treatment
☐ metoclopramide 10 mg PO prior to treatment
☐ Other:

**CHEMOTHERAPY:**

**DAY 1:**

gemcitabine 800 mg/m² x BSA = ________ mg

☐ Dose Modification: ______________mg/m² x BSA = ________mg

IV in 250 mL NS over 30 minutes.

Flush line with 10 mL NS pre-bevacizumab. Blood pressure measurement pre-bevacizumab dose.

bevacizumab 15 mg/kg or ______ mg/kg 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 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>
</tr>
</thead>
<tbody>
<tr>
<td>bevacizumab</td>
<td></td>
<td></td>
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ORDERS CONTINUE ON PAGE 2.....

**DOCTOR’S SIGNATURE:** ____________________________  **SIGNATURE:** ____________________________

**UC:** BC Cancer Provincial Preprinted Order UGOOVBEVG

Created: 1 Feb 2018 Revised: 1 Nov 2019
### DOCTOR’S ORDERS

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<tr>
<td>Date of Previous Cycle:</td>
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</table>

#### DAY 8:

- **gemcitabine 800 mg/m² x BSA = ________ mg**
- □ Dose Modification: ________mg/m³ x BSA = ________mg
- IV in 250 mL NS over 30 minutes.

#### DAY 15:

- **gemcitabine 800 mg/m² x BSA = ________ mg**
- □ Dose Modification: ________mg/m³ x BSA = ________mg
- IV in 250 mL NS over 30 minutes.

ORDERS CONTINUE ON PAGE 3.....

### DOSE MODIFICATION

(If required for Day 8 and/or 15)

Day 8 and 15  OR  Day 15  (circle one)

- **gemcitabine 800 mg/m² x BSA = ________ mg**
- □ Dose Modification: ________% = ________mg/m³ x BSA = ________mg
- IV in 250 mL NS over 30 minutes.

### DOCTOR’S SIGNATURE:

UC:
<table>
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**RETURN APPOINTMENT ORDERS**

Return in **four** weeks for Doctor and Cycle ______. Book Chemo Day 1, 8, & 15.

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

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

If Cycle #1, **CBC & Diff, Platelets** on Days 8 & 15.

In subsequent Cycles, if indicated, **CBC & Diff, Platelets** on ☐ Day 8 and/or ☐ 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  ☐ Creatinine

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

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**