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

**DOCTOR’S ORDERS**

<table>
<thead>
<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.

DATE: To be given: Cycle #:

Date of Previous Cycle: PAGE 1 of 2

☐ 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 $1 \times 10^9$/L, Platelets greater than or equal to $100 \times 10^9$/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) $40 \text{ mg/m}^2 \times \text{BSA} = ________ \text{ mg}$

☐ Dose Modification: $_______ \text{mg/m}^2 \times \text{BSA} = ________ \text{mg}$

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 $10 \text{ mg/kg or } ____ \text{ mg/kg x } ______ \text{ kg} = ______ \text{ mg}$

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

**Drug** | **Brand (Pharmacist to complete. Please print.)** | **Pharmacist Initial and Date**
---|---|---
bevacizumab | | |

**DOCTOR’S SIGNATURE:**

SIGNATURE:

UC:

BC Cancer Provincial Preprinted Order UGOOVBEVLD
Created: 1 Oct 2017 Revised: 1 Nov 2019
### 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 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  
- AST

- 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: