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

May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/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 and ranitidine 50 mg IV in 50 mL NS over 20 minutes

☐ Other:

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

PACLitaxel 175 mg/m² or 155 mg/m² or 135 mg/m² (circle one) x BSA = ___________ mg

☐ Dose Modification: ______% = _______ mg/m² x BSA = ________ mg

  IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

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

bevacizumab 15 mg/kilogram or _____ mg/kg x weight = _________ mg IV in 100 to 250 mL NS over 30 minutes to 1 hour (over 1 hour if first bevacizumab infusion)

Flush line with 25 mL NS post-bevacizumab. Blood pressure measurement post-bevacizumab infusion in Cycles 1 to 3.

DOCTOR’S SIGNATURE:  SIGNATURE:

UC:
DATE:

RETURN APPOINTMENT ORDERS

Return in three weeks for Doctor and Cycle __________

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

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

☐ 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 ☐ 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: ____________________________

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