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)
- CBC & Diff, Platelets day of treatment

May proceed with Day 1 doses as written if within 96 hours ANC greater than or equal to 1 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+.

No labwork required on Day 8.

Dose modification for:

- ☐ Hematology
- ☐ Other Toxicity

Proceed with treatment based on blood work from ____________________________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ____________________________.

- ☐ hydrocortisone 100 mg IV PRN
- ☐ Other:

**CHEMOTHERAPY:**

**DAY 1**

- vinorelbine 25 mg/m² x BSA = _________ mg
- Dose Modification: ______ __% = ______ mg/m²/day x BSA = _________ mg
  
  IV in 50 mL NS over 6 minutes.

  Flush vein with 75 to 125 mL NS following infusion of vinorelbine and prior to infusing 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>
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<tbody>
<tr>
<td>bevacizumab</td>
<td></td>
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**Orders continue on Page 2....**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order UGOOVBEVV

Created: 1 February 2018  Revised: 1 Nov 2019
**PROTOCOL CODE: UGOOVBEVV**

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<td>Orders continued from Page 1….</td>
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**DAY 8**

vinorelbine 25 mg/m² x BSA = __________ mg

☐ Dose Modification: ________% = ________ mg/m²/day x BSA = __________ mg

IV in 50 mL NS over 6 minutes.

Flush vein with 75 to 125 mL NS following infusion of Vinorelbine.

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**RETURN APPOINTMENT ORDERS**

☐ Return in **three** weeks for Doctor and Cycle #______. Book chemo Day 1 and 8.

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

CBC & Diff, Platelets, Laboratory urinalysis or Urine dipstick for protein prior to Day 1, each cycle (within 96 hours OK). No labs required prior to Day 8 treatment.

☐ 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:**