PROTOCOL CODE: UGOOVCATB (Maintenance)  

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

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

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:

Flush line with 25 mL NS pre-bevacizumab. 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). 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>
</tr>
</tbody>
</table>

RETURN APPOINTMENT ORDERS

Return in three weeks for Doctor and Cycle _________

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

Laboratory urinalysis or Urine dipstick for protein prior to next 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 next cycle

Prior to next cycle, if clinically indicated:

☐ CBC & Diff, Platelets ☐ Creatinine
☐ Bilirubin ☐ Alk Phos ☐ GGT ☐ ALT ☐ AST ☐ LDH
☐ Tot Prot ☐ Albumin
☐ CA 15-3 ☐ CA 125 ☐ CA 19-9

☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: 

SIGNATURE: 

UC: