



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: CNBEV

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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)

May proceed with doses as written if within 96 hrs **BP less than or equal to 150/100**, and Day 1 urine dipstick for **protein negative or 1+** and, if ordered, if within 48 hrs **ANC greater than or equal to 1.5 x 10<sup>9</sup> /L**, **Platelets greater than or equal to 100 x10<sup>9</sup> /L**, **Creatinine clearance greater than or equal to 60 mL/min**, **ALT less than or equal to 5 x ULN**, **Bilirubin less than or equal to 25 micromol/L**

Dose modification for:  Hematology \_\_\_\_\_  Toxicity \_\_\_\_\_

PREMEDICATIONS: Not usually required for bevacizumab

If ordered, patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_

CHEMOTHERAPY: **Check one bevacizumab dose**

**bevacizumab 10 mg/Kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour) via infusion pump on Days 1 and 15

**Or**

**bevacizumab 15 mg/Kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour) via infusion pump on Days 1 and 22

Flush line with 25 mL NS pre and post dose.

**First infusion (ie. Cycle 1, Day 1) over 1 hour**

(Blood pressure measurement pre and post dose for first 3 cycles and prior to bevacizumab for subsequent cycles.)

**If using chemotherapy (Check one):**

**Iomustine 90 mg/m<sup>2</sup>** x BSA x (\_\_\_\_%) = \_\_\_\_\_ mg PO once daily at bedtime on Day 1 **every SIX WEEKS** (Round dose to nearest 10 mg)

**etoposide** \_\_\_\_\_ mg PO (standard dose is 50 mg) once daily on Days 1 to 21

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SIGNATURE:

UC:



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RETURN APPOINTMENT ORDERS

**Every two weeks bevacizumab Dosing:** Return in **four** weeks for Doctor and Cycle \_\_\_\_\_.

Book chemo on days 1 and 15.

**Every three weeks bevacizumab Dosing:** Return in **six** weeks for Doctor and Cycle \_\_\_\_\_.

Book chemo on days 1 and 22.

**Last cycle.** Return in \_\_\_\_\_ weeks.

**Dipstick Urine or laboratory urinalysis for protein** at the beginning of each cycle

**If patient on lomustine:**

**Before** each lomustine treatment: CBC & Diff, Platelets, ALT, bilirubin, creatinine

**28 days after** each lomustine treatment: CBC & Diff, platelets

**If patient on etoposide:**

**Before** each cycle of etoposide: CBC & Diff, Platelets, creatinine

**24 hr 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

**CBC & Diff, Platelets, Creatinine prior to each Cycle**

CT or MRI (*circle one*) every second cycle

If clinically indicated:  Tot. Prot  Albumin  Bilirubin  INR  
 Alk. Phos.  LDH  ALT  
 BUN  Creatinine

**Other tests:**

**Weekly Nursing Assessment**

**Consults:**

**See general orders sheet for additional requests.**

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