

PROTOCOL CODE: SATEMBEV

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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)
☐ **CBC & Diff, Platelets** day of treatment

For temozolomide:

May proceed with doses as written on Day 1 if within 24 hours **ANC greater than or equal to 1.5×10^9 /L, Platelets greater than or equal to 100×10^9 /L, ALT less than or equal to 2.5 x ULN, Bilirubin less than 25 micromol/L** and if ordered, and on Day 15 if within 24 hours **ANC greater than or equal to 1.0×10^9 /L, Platelets greater than or equal to 50×10^9 /L.**

For bevacizumab:

May proceed with doses as written on **Days 8 and 22** if within 96 h **BP less than or equal to 150/100**, and Day 8 urine dipstick for protein **negative or 1+** or laboratory urinalysis for protein less than 1 g/L.

Dose modification for: ☐ Hematology ☐ Hepatotoxicity ☐ Toxicity _____

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 _____

TREATMENT: Repeat every 4 weeks

Days 1 to 7 and Days 15 to 21:

☐ temozolomide ☐ 150 mg/m² or ☐ _____ mg/m² (select one) X BSA = _____ mg PO at bedtime X 7 days (**Days 1 to 7 and Days 15 to 21, inclusive**) Dispense on Day 1 and on Day 15 ([refer to Temozolomide Suggested Capsule Combination Table for dose rounding](#))

Days 8 and 22:

☐ bevacizumab 5 mg/kg x _____ kg = _____ mg
 IV in 100 mL NS over 15 minutes (first infusion over 1 hour) on **Days 8 and 22.**
 (Blood pressure measurement pre and post dose for first 3 cycles and prior to bevacizumab for subsequent 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		

DOSE MODIFICATION REQUIRED ON DAY 15 – 21

☐ temozolomide 100 mg/m² X BSA = _____ mg PO at bedtime X 7 days (**Days 15 to 21 inclusive**)
 (Round dose to nearest 5 mg)

DOCTOR'S SIGNATURE:

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UC:

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RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle ____.

Book bevacizumab on days 8 and 22.

☐ **Last cycle.** Return in ____ weeks.

Cycle 1 –

Prior to Day 1: **CBC and Diff, ALT, total bilirubin**

Day 8: **Dipstick Urine or laboratory urinalysis for protein.**

Day 15: **CBC & Diff**

Then Cycle 2 +

Day 1: CBC & Diff, ALT, total bilirubin prior to each cycle (day 1)

Day 8: **Dipstick Urine or laboratory urinalysis for protein.**

Day 15: **CBC & Diff**

☐ Weekly **CBC & Diff**

☐ **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

☐ **INR** weekly ☐ **INR** prior to each bevacizumab dose

If clinically indicated: ☐ **sodium** ☐ **potassium** ☐ **magnesium** ☐ **calcium**

☐ **random glucose** ☐ **creatinine**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: