## DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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### REMINDER:
Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

### DATE:

- 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 x 10⁹/L**, **Platelets greater than or equal to 100 x 10⁹/L**, **ALT less than or equal to 2.5 x ULN**, **Bilirubin less than 25 micromol/L** and if ordered, **Creatinine less than or equal to 2 x ULN**, and on Day 15 if within 24 hours **ANC greater than or equal to 1.0 x 10⁹/L**, **Platelets greater than or equal to 50 x 10⁹/L** unless specified by MD.

### 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 ____________________________

### CHEMOTHERAPY:
Repeat every 4 weeks

**Days 1 to 7 and Days 15 to 21:**
- □ temozolomide 150 mg/m² or _________mg/m² X BSA = _________mg PO at bedtime X 7 days (Days 1 to 7 and Days 15 to 21, inclusive) (Round dose to nearest 5 mg)

Dispense on Day 1 and on Day 15

**Days 8 and 22:**
- □ bevacizumab 5 mg/kg x _________ kg = _________ mg
  IV in 100 mL NS over 10 minutes (first infusion over 1 hour) on **Days 8 and 22**.
  Flush line with 10 mL NS pre and post dose.
  (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

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<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
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<tr>
<td>bevacizumab</td>
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**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:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order SATEMBEV
Created: 1 Mar 2018  Revised: 1 Feb 2020
**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, Platelets, ALT, bilirubin
- Day 8: **Dipstick Urine or laboratory urinalysis for protein.**
- Day 15: CBC & Diff, Platelets

**Then Cycle 2 +**
- Day 1: CBC & Diff, Platelets, ALT, bilirubin prior to each cycle (day 1)
- Day 8: **Dipstick Urine or laboratory urinalysis for protein.**
- Day 8: Every ODD cycle: Creatinine
- Day 15: CBC & Diff, Platelets

- Weekly **CBC & Diff, platelets**
- **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
- **Glucose**
- **Other tests:**
- **Consults:**
- See general orders sheet for additional requests.

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