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 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 μmol/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 via infusion pump on Days 8 and 22

Flush line with 10 mL NS pre and post dose.

(First infusion over 60 minutes)

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

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:
**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**
- **CT or MRI head (circle one) every 2 or 3 cycles (circle one)**
- **Other tests:**
- **Consults:**
- **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**