





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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: GOCISPBEV**

**DOCTOR'S ORDERS**

DATE:

**CHEMOTHERAPY: (continued)**

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).

**OR**

**bevacizumab 15 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour).

Blood pressure measurement post-bevacizumab infusion for first 3 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		

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_.

Last Treatment. Return in \_\_\_\_\_ week(s).

**CBC & Diff, platelets, creatinine, 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:

- bilirubin**     **ALT**     **alk phos**
- sodium**     **potassium**     **magnesium**
- CA 15-3**     **CA 125**     **CA 19-9**     **CEA**     **SCC**

**Other tests:**

**Consults:**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**