



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 and according to acceptable standards of care

PROTOCOL CODE: CNBEV

| DOCTOR'S ORDERS | | | Ht _____ cm | Wt _____ kg | BSA _____ m ² | | | | | | |
|--|---|-----------------------------|-------------|-------------|--------------------------|------|---|-----------------------------|-------------|--|--|
| REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form | | | | | | | | | | | |
| DATE: | To be given: | Cycle #: | | | | | | | | | |
| Date of Previous Cycle: | | | | | | | | | | | |
| <input type="checkbox"/> 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 1.5×10^9/L , Platelets greater than or equal to 100×10^9/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: <input type="checkbox"/> Hematology _____ <input type="checkbox"/> Toxicity _____ | | | | | | | | | | | |
| PREMEDICATIONS: Not usually required for bevacizumab | | | | | | | | | | | |
| If ordered, patient to take own supply. RN/Pharmacist to confirm _____ | | | | | | | | | | | |
| CHEMOTHERAPY: Check one bevacizumab dose | | | | | | | | | | | |
| <input type="checkbox"/> bevacizumab 10 mg/kg x _____ kg = _____ mg IV in 100 mL NS over 30 minutes (first infusion over 1 hour) on Days 1 and 15 . | | | | | | | | | | | |
| <i>Or</i> | | | | | | | | | | | |
| <input type="checkbox"/> bevacizumab 15 mg/kg x _____ kg = _____ mg IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour) on Days 1 and 22 . | | | | | | | | | | | |
| Flush line with 25 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 | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Drug</th> <th style="width: 45%;">Brand (Pharmacist to complete. Please print.)</th> <th style="width: 40%;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">bevacizumab</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table> | | | | | | Drug | Brand (Pharmacist to complete. Please print.) | Pharmacist Initial and Date | bevacizumab | | |
| Drug | Brand (Pharmacist to complete. Please print.) | Pharmacist Initial and Date | | | | | | | | | |
| bevacizumab | | | | | | | | | | | |
| If using chemotherapy (Check one): | | | | | | | | | | | |
| <input type="checkbox"/> lomustine 90 mg/m² x BSA x (_____ %) = _____ mg PO once daily at bedtime on Day 1 every SIX WEEKS (Round dose to nearest 10 mg) | | | | | | | | | | | |
| <input type="checkbox"/> etoposide _____ mg PO (standard dose is 50 mg) once daily on Days 1 to 21 | | | | | | | | | | | |
| DOCTOR'S SIGNATURE: | | | | | 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

On Day 28 of each lomustine treatment: CBC & Diff, platelets

If patient on etoposide:

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

24-hour 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 (*select 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.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: