



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: GOCABRBEV

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** day of treatment

May proceed with doses as written, if within 72 hours **ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, BP less than or equal to 150/100 mmHg.** For patients on warfarin, hold bevacizumab if **INR greater than 3**

Dose modification for: Hematology Other Toxicity _____
Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____

dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin

AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin

If additional antiemetic required:

- OLANzapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin
- Other:

**** Have Hypersensitivity Reaction Medications and Protocol Available****

TREATMENT:

PACLitaxel NAB 260 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)

Pharmacist to select dose band per last pages of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
PACLitaxel NAB		

CARBOplatin AUC 6 or 5 (circle one) x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

***** CONTINUED ON PAGE 2 *****

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: GOCABRBEV

DATE:

TREATMENT: (Continued)

Blood pressure measurement pre-bevacizumab dose.

bevacizumab 7.5 mg/kg x _____ kg = _____ mg

IV in 100 mL NS over 15 minutes.

OR

bevacizumab 15 mg/kg x _____ kg = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

Blood pressure measurement post-bevacizumab infusion for first 3 cycles.

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last pages of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
bevacizumab			

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____.

Last Treatment. Return in _____ week(s).

CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, laboratory urinalysis or urine dipstick for protein prior to next cycle.

CBC & Diff on Day 14

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

Prior to next cycle, if clinically indicated:

sodium **potassium** **calcium** **magnesium**

CA 15-3 **CA 125** **CA 19-9** **CEA** **SCC**

Refer to Hereditary Cancer Program (see accompanying referral form)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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PACLitaxel NAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		Pharmacy prepares specific dose
96	104.49	100
104.5	108.49	105
108.5	115.49	110
115.5	125.49	120
125.5	135.49	130
135.5	145.49	140
145.5	155.49	150
155.5	165.49	160
165.5	177.49	170
177.5	190.49	185
190.5	210.49	200
210.5	230.49	220
230.5	250.49	240
250.5	270.49	260
270.5	286.49	275
286.5	314.49	300
314.5	329.49	315
329.5	344.49	330
344.5	362.49	345
362.5	388.49	370
388.5	419.49	400
419.5	439.49	420
439.5	459.49	440
459.5	479.49	460
479.5	499.49	480
499.5	524.49	500
524.5	566.49	540
566.5	596.49	580
596.5	630.49	600
630.5	683.49	650
More than 683.49		Pharmacy prepares specific dose



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BEVACIZUMAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 188		Pharmacy prepares specific dose
188	221.49	200
221.5	236.49	225
236.5	260.49	250
260.5	286.49	275
286.5	332.49	300
332.5	387.49	350
387.5	443.49	400
443.5	474.49	450
474.5	554.49	500
554.5	665.49	600
665.5	776.49	700
776.5	887.49	800
887.5	999.49	900
999.5	1099.49	1000
1099.5	1199.49	1100
1199.5	1299.49	1200
1299.5	1399.49	1300
1399.5	1499.49	1400
1499.5	1599.49	1500
1599.5	1699.49	1600
1699.5	1799.49	1700
1799.5	1899.49	1800
1899.5	1999.49	1900
1999.5	2099.49	2000
2099.5	2199.49	2100
2199.5	2299.49	2200
2299.5	2399.49	2300
More than 2399.49		Pharmacy prepares specific dose