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: GOCXCPNB

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written, if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, platelets greater than or equal to 100 x 10^9/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:	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to CARBOplatin, and **ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**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/m^2 x BSA = _____mg

☐ Dose Modification: _____% = _____mg/m^2 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:

DATE:

TREATMENT: (Continued)

Blood pressure measurement pre-bevacizumab dose.

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:

PACLitaxel NAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	**To:**	
Less than 94.5		**Pharmacy prepares specific dose**
94.5	99.49	**95**
99.5	104.49	**100**
104.5	109.49	**105**
109.5	114.49	**110**
114.5	119.49	**115**
119.5	124.49	**120**
124.5	129.49	**125**
129.5	134.49	**130**
134.5	139.49	**135**
139.5	146.49	**140**
146.5	157.49	**150**
157.5	167.49	**160**
167.5	178.49	**170**
178.5	188.49	**180**
188.5	199.49	**190**
199.5	214.49	**205**
214.5	224.49	**215**
224.5	234.49	**225**
234.5	244.49	**235**
244.5	254.49	**245**
254.5	267.49	**255**
267.5	283.49	**270**
283.5	299.49	**285**
299.5	314.49	**300**
314.5	329.49	**315**
329.5	344.49	**330**
344.5	359.49	**345**
359.5	378.49	**360**
378.5	399.49	**380**
399.5	419.49	**400**
419.5	439.49	**420**
439.5	473.49	**450**
473.5	499.49	**475**
499.5	524.49	**500**
524.5	549.49	**525**
549.5	569.49	**550**
569.5	599.49	**570**
599.5	629.49	**600**
629.5	662.49	**630**
662.5	699.49	**665**
More than 699.49		**Pharmacy prepares specific dose**

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**