



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: GOOVBEVG

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) and repeat **CBC & Diff** on day of treatment

May proceed with doses as written if **BP less than or equal to 150/100**, and within 96 hours of **Day 1: urine dipstick for protein negative or 1+**, **ANC greater than or equal to 1.0 x 10⁹/L**, **platelets greater than or equal to 100 x 10⁹/L**.

May proceed with doses as written if within 48 hours of **Day 8 and 15: ANC greater than or equal to 1.0 x 10⁹/L**, **platelets greater than or equal to 100 x 10⁹/L**.

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS:

prochlorperazine 10 mg PO or metoclopramide 10 mg PO prior to treatment

Other: _____

TREATMENT:

DAY 1:

gemcitabine 800 mg/m² x BSA = _____ mg

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

IV in 250 mL NS over 30 minutes.

Blood pressure measurement pre-bevacizumab dose.

bevacizumab 15 mg/kg or _____ mg/kg (select one) 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 page of PPO. Complete table below (please print)

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

ORDERS CONTINUE ON PAGE 2.....

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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DOCTOR'S ORDERS		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:		
TREATMENT: (continued)		
DAY 8:		
gemcitabine 800 mg/m ² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg		
IV in 250 mL NS over 30 minutes.		
DAY 15:		
gemcitabine 800 mg/m ² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg		
IV in 250 mL NS over 30 minutes.		
DOSE MODIFICATION (If required for Day 8 and/or 15)		
<input type="checkbox"/> Day 8 and 15 OR <input type="checkbox"/> Day 15 (<i>select one</i>)		
gemcitabine 800 mg/m ² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg		
IV in 250 mL NS over 30 minutes.		
ORDERS CONTINUE ON PAGE 3.....		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC:

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DATE:	
RETURN APPOINTMENT ORDERS	
<p>Return in four weeks for Doctor and Cycle _____. Book Chemo Day 1, 8, & 15.</p> <p><input type="checkbox"/> Last Treatment. Return in _____ week(s).</p>	
<p>CBC & Diff, <input type="checkbox"/> Laboratory urinalysis or <input type="checkbox"/> Urine dipstick (select one) for protein prior to Day 1 of each cycle.</p> <p>CBC & Diff prior to Days 8 & 15 of each cycle.</p> <p><input type="checkbox"/> 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</p> <p>Prior to next cycle, if clinically indicated:</p> <p><input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine</p> <p><input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA <input type="checkbox"/> SCC</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:

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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