

PROTOCOL CODE: GOOVBEVLD

(Page 1 of 3)

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) and repeat CBC & Diff on day of treatment				
May proceed with doses as written if BP less than or equal to 150/100, within 96 hours of Day 1: urine dipstick for protein <u>negative or 1+</u>, ANC <u>greater than or equal to 1.0 x 10⁹/L</u>, Platelets <u>greater than or equal to 100 x 10⁹/L</u>.				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: (No prophylactic antiemetics usually necessary)				
If prior infusion reaction: 45 minutes prior to DOXOrubicin pegylated liposomal: <input type="checkbox"/> dexamethasone 20 mg IV in 50 mL D5W over 15 minutes 30 minutes prior to DOXOrubicin pegylated liposomal: <input type="checkbox"/> diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
<input type="checkbox"/> Other:				
TREATMENT:				
DOXOrubicin pegylated liposomal line to be primed with D5W; bevacizumab line to be primed with NS.				
DAY 1:				
DOXOrubicin pegylated liposomal 40 mg/m² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg				
IV in 250 to 500 mL D5W over 1 h* on Day 1 only.				
*In Cycle 1, infuse over at least 1 h (maximum 1 mg/min). For subsequent doses and no prior reaction, infuse over 1 h.				
DAYS 1 and 15:				
Flush line with 10 mL NS pre-bevacizumab. Blood pressure measurement pre-bevacizumab dose.				
bevacizumab 10 mg/kg or _____ mg/kg x _____ kg = _____ mg				
IV in 100 mL NS over 20 minutes on Days 1 and 15.				
Flush line with 25 mL NS post-bevacizumab.				
(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				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	

PROTOCOL CODE: GOOVBEVLD

(Page 2 of 3)

DATE:	
RETURN APPOINTMENT ORDERS	
<p>Return in four weeks for Doctor and Cycle _____. Book Chemo Day 1 & 15.</p> <p><input type="checkbox"/> Last Treatment. Return in _____ week(s).</p>	
<p>CBC & Diff, Laboratory urinalysis or Urine dipstick for protein prior to next. No routine labwork required on Day 15.</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"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium</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:	<p>SIGNATURE:</p> <p>UC:</p>

PROTOCOL CODE: GOOVBEVLD

(Page 3 of 3)

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