



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: **GOOVBEVP**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: \_\_\_\_\_ To be given: \_\_\_\_\_ Cycle #: \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_ PAGE 1 of 2

Delay treatment \_\_\_\_\_ week(s) and repeat **CBC & Diff** on day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L, BP less than or equal to 150/100, and urine dipstick for protein negative or 1+.**

Dose modification for:  Hematology  Other Toxicity \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

**45 minutes prior to PACLitaxel:**

dexamethasone 20 mg IV in 50 mL NS over 15 minutes

**30 minutes prior to PACLitaxel:**

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)

Other: \_\_\_\_\_

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**TREATMENT:**

PACLitaxel  175 mg/m<sup>2</sup> or  155 mg/m<sup>2</sup> or  135 mg/m<sup>2</sup> (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)

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			

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
<p>Return in <u>three</u> weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Last Treatment. Return in _____ week(s).</p>	
<p><b>CBC &amp; Diff, total bilirubin, ALT,</b> <input type="checkbox"/> Laboratory urinalysis or <input type="checkbox"/> Urine dipstick for protein (select one) prior to next cycle.</p> <p><input type="checkbox"/> <b>24 h urine for total protein</b> 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"/> alkaline phosphatase   <input type="checkbox"/> GGT   <input type="checkbox"/> LDH   <input type="checkbox"/> sodium   <input type="checkbox"/> potassium   <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"/> SCC   <input type="checkbox"/> CEA</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>	
<b>DOCTOR'S SIGNATURE:</b>	<p><b>SIGNATURE:</b></p> <p><b>UC:</b></p>

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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