



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: GOOVBEVV

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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) <input type="checkbox"/> CBC & Diff day of treatment												
May proceed with Day 1 doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L , platelets greater than or equal to 100 x 10⁹/L , BP less than or equal to 150/100 , and urine dipstick for protein negative or 1+ . No labwork required on Day 8.												
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____												
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.												
<input type="checkbox"/> hydrocortisone 100 mg IV PRN <input type="checkbox"/> Other:												
TREATMENT:												
DAY 1												
vinorelbine 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 25 to 50 mL NS over 6 minutes. Flush vein with 75 to 125 mL NS following infusion of vinorelbine and prior to infusing bevacizumab.												
Blood pressure measurement pre-bevacizumab dose.												
bevacizumab <input type="checkbox"/> 15 mg/kg or <input type="checkbox"/> _____ mg/kg (<i>select one</i>) 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)												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Drug</th> <th style="width:25%;">Brand</th> <th style="width:25%;">Dose Band (mg)</th> <th style="width:35%;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td>bevacizumab</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date	bevacizumab			
Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date									
bevacizumab												
<i>Orders continue on Page 2....</i>												
DOCTOR'S SIGNATURE:				SIGNATURE:								
				UC:								

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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 #:			
TREATMENT: (continued)					
<u>DAY 8</u>					
vinorelbine 25 mg/m ² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg					
IV in 25 to 50 mL NS over 6 minutes.					
Flush vein with 75 to 125 mL NS following infusion of vinorelbine.					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in three weeks for Doctor and Cycle # _____. Book treatment Days 1 and 8.					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
CBC & Diff, laboratory urinalysis or urine dipstick for protein prior to Day 1, each cycle.					
No labs required prior to Day 8 treatment.					
<input type="checkbox"/> 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:					
<input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium					
<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					
<input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to next cycle					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
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