

PROTOCOL CODE: GOOVCATB (Maintenance)
(Page 1 of 2)

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) May proceed with doses as written if within 96 hours BP <u>less than or equal to</u> 150/100, and urine dipstick for protein negative or 1+. Proceed with treatment based on blood work from _____												
PREMEDICATIONS: Not usually required for bevacizumab												
If ordered, patient to take own supply. RN/Pharmacist to confirm _____.												
TREATMENT:												
<input type="checkbox"/> Repeat in three weeks <input type="checkbox"/> Repeat in three and six weeks Blood pressure measurement pre-bevacizumab dose. bevacizumab 7.5 mg/kg x _____ kg = _____ mg IV in 100 mL NS over 15 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: 20%;">Drug</th> <th style="width: 25%;">Brand</th> <th style="width: 25%;">Dose Band (mg)</th> <th style="width: 30%;">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												
RETURN APPOINTMENT ORDERS												
Return in three weeks for Doctor and Cycle _____ Return in six weeks for Doctor and Cycles ____ and _____. Book chemo x 2 cycles. Return in nine weeks for Doctor and Cycles ____ and _____. Book chemo x 3 cycles. <input type="checkbox"/> Last Treatment. Return in _____ week(s).												
Laboratory urinalysis or Urine dipstick for protein prior to each cycle. <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 each cycle, if clinically indicated: <input type="checkbox"/> CBC & Diff <input type="checkbox"/> creatinine <input type="checkbox"/> total bilirubin <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> LDH <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> magnesium <input type="checkbox"/> calcium <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 <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.												
DOCTOR'S SIGNATURE:				SIGNATURE: UC:								

PROTOCOL CODE: GOOVCATB (Maintenance)

(Page 2 of 2)

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