



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: GICIRB

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(s) #:** _____

Date of Previous Cycle: _____

- Delay treatment _____ week(s)
- CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, Creatinine Clearance greater than or equal to 50 mL/min, BP less than or equal to 160/100.** For those patients on warfarin, hold bevacizumab if INR **greater than 3.0**

Dose modification for: **Hematology** **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

ondansetron 8 mg PO prior to treatment

dexamethasone **8 mg** or **12 mg** (*select one*) PO prior to treatment

Prophylactic atropine 0.3 mg SC

Other: _____

CHEMOTHERAPY: **Repeat in three weeks**

irinotecan 200 mg/m² x BSA = _____ mg

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

IV in 500 mL D5W over 1 hour 30 minutes

bevacizumab 7.5 mg/kg x _____ kg = _____ mg

IV in 100 mL NS over 15 minutes. Flush line with 25 mL NS pre and post dose.

(Blood pressure measurement pre and post doses for first 3 cycles and prior to bevacizumab for subsequent cycles.)

Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
bevacizumab		

capecitabine 800 mg/m² or _____ x BSA x (_____ %) = _____ mg PO BID x 14 days

(refer to [Capecitabine Suggested Tablet Combination Table](#) for dose rounding)

Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).

atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

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SIGNATURE:

UC:



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DATE:

RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle _____
- Return in **six** weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles
- Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Albumin, Sodium, Potassium and Blood Pressure Measurement prior to each cycle

Dipstick Urine or laboratory urinalysis for protein at the beginning of each **even** numbered cycle. (If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then a **24 hr urine for total protein** must be done within 3 days prior to next cycle.)

- INR** weekly **INR** prior to each cycle
- CEA** **CA 19-9**
- Other tests:**

Weekly Nursing Assessment

Consults:

See general orders sheet for additional requests.

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SIGNATURE:

UC: