PROTOCOL CODE: CNBEV

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:

☐ Delay treatment _____ week(s)

May proceed with doses as written if within 96 hrs **blood pressure** **less than or equal to** **150/100, and Day 1 urine dipstick for protein** **negative or 1+** and, if ordered, if within 48 hrs **ANC greater than or equal to** **1.5 x 10^9/L, platelets greater than or equal to** **100 x10^9/L, creatinine clearance greater than or equal to** **50 mL/min, ALT less than or equal to** **5 x ULN, total bilirubin less than or equal to** **25 micromol/L**

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

PREMEDICATIONS: Not usually required for bevacizumab

If ordered, patient to take own supply. RN/Pharmacist to confirm_____

TREATMENT: ***Check one bevacizumab dose***

☐ **bevacizumab 10 mg/kg** x _____ kg = _____ mg
IV in 100 mL NS over 30 minutes (first infusion over 1 hour) on **Days 1 and 15.**

Or

☐ **bevacizumab 15 mg/kg** x _____ kg = _____ mg
IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour) on **Days 1 and 22.**

(Blood pressure measurement pre and post dose 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		

If using chemotherapy *(Check one):*

☐ **lomustine 90 mg/m²** x BSA x (_____%) = _____ mg PO once daily at bedtime on Day 1 **every SIX WEEKS** (Round dose to nearest 10 mg)

☐ **etoposide** _____ mg PO (standard dose is 50 mg) once daily on Days 1 to 21

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DATE:

RETURN APPOINTMENT ORDERS

☐ ***Every two weeks bevacizumab Dosing*:** Return in **four** weeks for Doctor and Cycle _____.

Book chemo on days 1 and 15.

☐ ***Every three weeks bevacizumab Dosing*:** Return in **six** weeks for Doctor and Cycle _____.

Book chemo on days 1 and 22.

☐ ***Last cycle***. Return in _____ weeks.

Dipstick Urine or laboratory urinalysis for protein at the beginning of each cycle

If patient on lomustine:
Before each lomustine treatment: CBC & Diff, Platelets, ALT, bilirubin, creatinine
On Day 28 of each lomustine treatment: CBC & Diff, platelets

If patient on etoposide:
Before each cycle of etoposide: CBC & Diff, platelets, creatinine

☐ **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

☐ **CBC & Diff, platelets, creatinine prior to each Cycle**

☐ CT or ☐ MRI *(select one)* every second cycle

☐ If clinically indicated: ☐ **Total protein** ☐ **albumin** ☐ **total bilirubin** ☐ **Alkaline phosphatase** ☐ **LDH** ☐ **ALT** ☐ **urea** ☐ **creatinine** ☐ **INR**

☐ **Other tests:**

☐ **Weekly Nursing Assessment**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: