

**PROTOCOL CODE: GOOVBEVG**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>						
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>											
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>									
Date of Previous Cycle:											
<input type="checkbox"/> Delay treatment _____ week(s) and repeat <b>CBC &amp; Diff, Platelets</b> on day of treatment											
May proceed with doses as written if BP <u>less than or equal to 150/100</u> , and within 96 hours of <b>Day 1</b> : urine dipstick for protein <u>negative or 1+</u> , ANC <u>greater than or equal to 1.0 x 10<sup>9</sup>/L</u> , Platelets <u>greater than or equal to 100 x 10<sup>9</sup>/L</u> .											
May proceed with doses as written, if indicated by protocol, within 24 hours of <b>Day 8 and 15</b> : ANC <u>greater than or equal to 1.0 x 10<sup>9</sup>/L</u> , Platelets <u>greater than or equal to 100 x 10<sup>9</sup>/L</u> .											
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____											
<b>Proceed with treatment based on blood work from</b> _____											
<b>PREMEDICATIONS:</b>											
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment											
<input type="checkbox"/> Other:											
<b>CHEMOTHERAPY:</b>											
<u><b>DAY 1:</b></u>											
<b>gemcitabine 800 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes.											
Blood pressure measurement pre-bevacizumab dose.											
<b>bevacizumab</b> <input type="checkbox"/> <b>15 mg/kg</b> or <input type="checkbox"/> _____ mg/kg (select one) x _____ kg = _____ mg IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour). (Blood pressure measurement post-bevacizumab infusion for first 3 cycles) Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Drug</th> <th style="width: 45%;">Brand (Pharmacist to complete. Please print.)</th> <th style="width: 40%;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">bevacizumab</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>						Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date	bevacizumab		
Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date									
bevacizumab											
ORDERS CONTINUE ON PAGE 2.....											
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>						
					<b>UC:</b>						

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<b>DOCTOR'S ORDERS</b>		BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle:		
<p><b>DAY 8:</b></p> <p>gemcitabine 800 mg/m<sup>2</sup> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 250 mL NS over 30 minutes.</p> <p><b>DAY 15:</b></p> <p>gemcitabine 800 mg/m<sup>2</sup> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 250 mL NS over 30 minutes.</p>		
<p><b>DOSE MODIFICATION (If required for Day 8 and/or 15 )</b></p> <p><input type="checkbox"/> Day 8 and 15    <b>OR</b>    <input type="checkbox"/> Day 15    (<i>select one</i>)</p> <p>gemcitabine 800 mg/m<sup>2</sup> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 250 mL NS over 30 minutes.</p>  <p>ORDERS CONTINUE ON PAGE 3.....</p>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in <b>four</b> weeks for Doctor and Cycle _____. Book Chemo Day 1, 8, & 15.	
<input type="checkbox"/> Last Treatment. Return in _____ week(s).	
<p><b>CBC &amp; Diff, Platelets</b>, <input type="checkbox"/> <b>Laboratory urinalysis</b> or <input type="checkbox"/> <b>Urine dipstick</b> (select one) for protein prior to next Cycle (<i>within 96 hours OK</i>).</p> <p>If Cycle #1, <b>CBC &amp; Diff, Platelets</b> on Days 8 &amp; 15.</p> <p>In subsequent Cycles, if indicated, <b>CBC &amp; Diff, Platelets</b> on <input type="checkbox"/> Day 8 and/or <input type="checkbox"/> Day 15.</p> <p><input type="checkbox"/> <b>24 hour 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><input type="checkbox"/> <b>INR</b> weekly    <input type="checkbox"/> <b>INR</b> prior to next cycle</p> <p>Prior to next cycle, if clinically indicated: <input type="checkbox"/> <b>Bilirubin</b>   <input type="checkbox"/> <b>Alk Phos</b>   <input type="checkbox"/> <b>GGT</b>   <input type="checkbox"/> <b>ALT</b>   <input type="checkbox"/> <b>Creatinine</b></p> <p><input type="checkbox"/> <b>LDH</b>   <input type="checkbox"/> <b>Tot Prot</b>   <input type="checkbox"/> <b>Albumin</b>   <input type="checkbox"/> <b>CA 15-3</b>   <input type="checkbox"/> <b>CA 125</b>   <input type="checkbox"/> <b>CA 19-9</b>   <input type="checkbox"/> <b>CEA</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>