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

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)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with Day 1 doses as written if within 96 hours ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 100 x 10^9/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: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

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

☐ **hydrocortisone 100 mg** IV PRN

☐ **Other:**

CHEMOTHERAPY:

DAY 1

vinorelbine 25 mg/m^2 x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2/day x BSA = _____ mg
IV in 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 ☐ **15 mg/kg** *or* ☐ _____ mg/kg *(select one)* x _____ kg = _____ mg
IV in 100 to 250 mL NS over 30 minutes (first infusion over 1 hour). Flush line with **25 mL NS** post-bevacizumab.
(Blood pressure measurement post-bevacizumab infusion for first 3 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		

Orders continue on Page 2….

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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PROTOCOL CODE: GOOVBEVV

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 #:**

Orders continued from Page 1….

DAY 8

vinorelbine 25 mg/m^2 x BSA =_____mg

☐ Dose Modification: _____% = _____ mg/m^2/day x BSA = _____ mg

IV in 50 mL NS over 6 minutes.

Flush vein with **75 to 125 mL NS** following infusion of Vinorelbine.

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle #_____. Book chemo Day 1 and 8.

☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Laboratory urinalysis *or* **Urine dipstick for protein** prior to Day 1, each cycle (*within 96 hours OK*). No labs required prior to Day 8 treatment.

☐ **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.

☐ **INR** weekly ☐ **INR** prior to next cycle

Prior to next cycle, if clinically indicated: ☐**Bilirubin** ☐**Alk Phos** ☐**GGT** ☐**ALT**

☐**LDH** ☐**Tot Prot** ☐**Albumin** ☐**Creatinine** ☐**CA 15-3** ☐**CA 125** ☐**CA 19-9**

☐**SCC** ☐**CEA**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: