

PROTOCOL CODE: SATEMBEV

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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 #:

Date of Previous Cycle:

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

For temozolomide:

May proceed with doses as written on Day 1 if within 24 hours **ANC greater than or equal to 1.5×10^9 /L, Platelets greater than or equal to 100×10^9 /L, ALT less than or equal to 2.5 x ULN, Bilirubin less than 25 micromol/L** and if ordered, Creatinine **less than or equal to 2 x ULN**, and on Day 15 if within 24 hours **ANC greater than or equal to 1.0×10^9 /L, Platelets greater than or equal to 50×10^9 /L** unless specified by MD.

For bevacizumab:

May proceed with doses as written on **Days 8 and 22** if within 96 h **BP less than or equal to 150/100**, and **Day 8 urine dipstick for protein negative or 1+** or laboratory urinalysis for protein less than 1 g/L.

Dose modification for: Hematology Hepatotoxicity Toxicity _____

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 _____

CHEMOTHERAPY: Repeat every 4 weeks

Days 1 to 7 and Days 15 to 21:

temozolomide 150 mg/m² or _____ mg/m² (select one) X BSA = _____ mg PO at bedtime X 7 days (**Days 1 to 7 and Days 15 to 21, inclusive**) Dispense on Day 1 and on Day 15 (refer to [Temozolomide Suggested Capsule Combination Table](#) for dose rounding)

Days 8 and 22:

bevacizumab 5 mg/kg x _____ kg = _____ mg
 IV in 100 mL NS over 15 minutes (first infusion over 1 hour) on **Days 8 and 22**.
 Flush line with 10 mL NS pre and post dose.
 (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		

DOSE MODIFICATION REQUIRED ON DAY 15 – 21

temozolomide 100 mg/m² X BSA = _____ mg PO at bedtime X 7 days (**Days 15 to 21 inclusive**)
 (Round dose to nearest 5 mg)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle ____.

Book bevacizumab on days 8 and 22.

Last cycle. Return in ____ weeks.

Cycle 1 –

Prior to Day 1: CBC and Diff, Platelets, ALT, bilirubin

Day 8: **Dipstick Urine or laboratory urinalysis for protein.**

Day 15: **CBC & Diff, Platelets**

Then Cycle 2 +

Day 1: CBC & Diff, Platelets, ALT, bilirubin prior to each cycle (day 1)

Day 8: **Dipstick Urine or laboratory urinalysis for protein.**

Day 8: Every ODD cycle: Creatinine

Day 15: **CBC & Diff, Platelets**

Weekly **CBC & Diff, platelets**

24 hr 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 each bevacizumab dose

If clinically indicated: **Sodium** **Potassium** **Magnesium** **Calcium**

Glucose

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: