

Doctor's Order Sheet  
**FOLFOX 85 Mvasi® (bevacizumab)**  
 Regimen:  
**OXALIplatin 85 - leucovorin 400**  
**- fluorouracil 400 - fluorouracil**  
**2400 - Mvasi® (bevacizumab)**  
**5 mg/kg (Part I)**

Name :

HCN :

Date of Birth:

**ARIA Protocol Name:** FOLFOX 85 Mvasi (bevacizumab) 14D  
 Adult Chemotherapy - Medical Oncology  
 Metastatic Colorectal Carcinoma



CC3170 0128 08 2020

**Allergies:**  No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle        of       

**Cycle Duration: 14 days**

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to** 1.2 X 10<sup>9</sup>/L and platelets **greater than or equal to** 75 X 10<sup>9</sup>/L, otherwise notify Medical Oncologist
- BP **less than or equal to** 160/100mmHg, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed
- Dipstick Urine or laboratory urinalysis for protein at the beginning of each odd (1, 3, 5) numbered cycle. If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein, collect 24-hour urine for total protein within 3 days before the next cycle.  
If this result is abnormal, dose reductions are required.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- ondansetron 8 mg PO for day 1
- dexamethasone 8 mg PO for day 1
- Other: \_\_\_\_\_

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

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**FOLFOX 85 Mvasi® (bevacizumab)**  
 Regimen:  
**OXALiplatin 85 - leucovorin 400**  
**- fluorouracil 400 - fluorouracil**  
**2400 - Mvasi® (bevacizumab)**  
**5 mg/kg (Part II)**

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ARIA Protocol Name: FOLFOX 85 Mvasi (bevacizumab) 14D**  
 Adult Chemotherapy - Medical Oncology  
 Metastatic Colorectal Carcinoma



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Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Body Surface Area (BSA) = \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- OXALiplatin 85 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**  
 Dose modification: **OXALiplatin 85 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**  
**IV in 500 mL D5W over 120 minutes on day 1**
- leucovorin 400 mg/m<sup>2</sup> X BSA= \_\_\_\_\_ mg**  
**IV in 250 mL D5W over 120 minutes on day 1**
- fluorouracil 400 mg/m<sup>2</sup> X BSA= \_\_\_\_\_ mg**  
 Dose modification: **fluorouracil 400 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**  
**IV push on day 1**
- fluorouracil 2400 mg/m<sup>2</sup> X BSA= \_\_\_\_\_ mg**  
 Dose modification: **fluorouracil 2400 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**  
**IV in D5W continuously over 46 hours**
- Mvasi® (bevacizumab) 5 mg/kg X weight (kg) = \_\_\_\_\_ mg**  
**IV in 100 mL normal saline over 10 minutes**

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Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

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