

Doctor's Order Sheet
FOLFOX 85 Avastin® (bevacizumab)

Regimen:

**OXALIplatin 85 - leucovorin 400
- fluorouracil 400 - fluorouracil
2400 - Avastin® (bevacizumab) 5 mg/kg (Part I)**

ARIA Protocol Name: FOLFOX 85 Avastin (bevacizumab) 14D

Adult Chemotherapy- Medical Oncology

Metastatic Colorectal Carcinoma

Name _____

HCN _____

Date of Birth: _____



CC1470 0018 09 2020

Allergies:

☐ **No Known**

Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 14 days

Planned Administration Date: DD/MONTH/YYYY

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.2 \times 10^9/L$ and platelets **greater than or equal to** $75 \times 10^9/L$, otherwise notify Medical Oncologist
- BP **less than or equal to** 160/100mmHg, otherwise notify Medical Oncologist
- LFT's 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** on day 1

☐ **dexamethasone 8 mg PO** on 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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Regimen:

**OXALIplatin 85 - leucovorin 400 -
fluorouracil 400 - fluorouracil
2400 - Avastin® (bevacizumab) 5 mg/kg (Part II)**

ARIA Protocol Name: FOLFOX 85 Avastin (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/m² X BSA = _____ mg**

☐ Dose modification: **OXALIplatin 85 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL D5W over 120 minutes on day 1

☐ **leucovorin 400 mg/m² X BSA= _____ mg**

IV in 250 mL D5W over 120 minutes on day 1

☐ **fluorouracil 400 mg/m² X BSA= _____ mg**

☐ Dose modification: **fluorouracil 400 mg/m² X BSA - _____ % = _____ mg**

IV push on day 1

☐ **fluorouracil 2400 mg/m² X BSA= _____ mg**

☐ Dose modification: **fluorouracil 2400 mg/m² X BSA - _____ % = _____ mg**

IV in D5W over 46 hours

☐ **Avastin® (bevacizumab) 5 mg/kg X weight (kg) = _____ mg**

IV in 100 mL normal saline over 10 minutes

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