

Doctor's Order Sheet  
FOLFIRI Avastin® (bevacizumab)

Regimen:

**irinotecan 180 - leucovorin 400  
- fluorouracil 400 - fluorouracil**

**2400 - Avastin® (bevacizumab) 5 mg/kg (Part I)**

ARIA Protocol Name: FOLFIRI Avastin (bevacizumab)

Adult Chemotherapy - Medical Oncology

Metastatic Colorectal Carcinoma

Name \_\_\_\_\_

HCN \_\_\_\_\_

Date of \_\_\_\_\_



CC1560 0027 09 2020

<b>Allergies:</b>		<input type="checkbox"/> <b>No Known</b>
Date: <u>DD/MONTH/YYYY</u>		Planned Administration Date: <u>DD/MONTH/YYYY</u>
Cycle _____ of _____	<b>Cycle Duration: 14 days</b>	Date of previous cycle: <u>DD/MONTH/YYYY</u>
<b>MAY PROCEED WITH DOSES AS WRITTEN IF:</b>		
<ul style="list-style-type: none"> <li>• ANC <b>greater than or equal to</b> 1.5 X 10<sup>9</sup>/L and platelets <b>greater than or equal to</b> 75 X 10<sup>9</sup>/L, otherwise notify Medical Oncologist</li> <li>• BP <b>less than or equal to</b> 160/100mmHg, otherwise notify Medical Oncologist</li> <li>• LFT's and Bilirubin assessed</li> <li>• 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.</li> </ul>		
<b>PREMEDICATIONS (FOR HOSPITAL PHARMACY):</b>		
<input type="checkbox"/> <b>ondansetron 16 mg PO</b> on day 1		
<input type="checkbox"/> <b>dexamethasone 8 mg PO</b> on day 1		
<input type="checkbox"/> 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.

Doctor's Order Sheet  
FOLFIRI Avastin® (bevacizumab)

Regimen:

**irinotecan 180 - leucovorin 400  
- fluorouracil 400 - fluorouracil**

**2400 Avastin® (bevacizumab) 5 mg/kg (Part II)**

ARIA Protocol Name: FOLFIRI Avastin (bevacizumab)

Adult Chemotherapy - Medical Oncology

Metastatic Colorectal Carcinoma



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Name \_\_\_\_\_

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

Date of \_\_\_\_\_

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- irinotecan 180 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**  
 Dose modification: **irinotecan 180 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**  
**IV in 500 mL D5W over 90 minutes on day 1**
- leucovorin 400 mg/m<sup>2</sup> X BSA= \_\_\_\_\_ mg**  
**IV in 250 mL D5W over 90 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 over 46 hours**
- Avastin® (bevacizumab) 5 mg/kg X weight (kg) = \_\_\_\_\_ mg**  
**IV in 100 mL normal saline over 10 minutes**

**HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):**

**atropine 0.4 mg IV prn** for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis, or flushing.

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

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

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

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

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