

Doctor's Order Sheet
CAPIRI Avastin® (bevacizumab)
 Regimen:
irinotecan 200 - capecitabine
800 - Avastin® (bevacizumab)
7.5 mg/kg (Part I)

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: CAPIRI (bevacizumab) Dose Level 0
 Adult Chemotherapy - Medical Oncology
 Metastatic Colorectal Carcinoma



CC1350 0006 09 2020

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 21 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 75 X 10⁹/L, otherwise notify Medical Oncologist
- BP **less than or equal to** 160/100mmHg, otherwise notify Medical Oncologist
- Creatinine Clearance **greater than or equal to** 50 mL/minute, 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 16 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.

Doctor's Order Sheet
CAPIRI Avastin® (bevacizumab)
 Regimen:
irinotecan 200 - capecitabine
800 - Avastin® (bevacizumab)
7.5 mg/kg (Part II)
ARIA Protocol Name: CAPIRI (bevacizumab) Dose Level 0
 Adult Chemotherapy - Medical Oncology
 Metastatic Colorectal Carcinoma

Name: _____

HCN: _____

Date of Birth: _____



CC1350 0006 09 2020

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

irinotecan 200 mg/m² X BSA = _____ mg

Dose modification: **irinotecan 200 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL D5W over 90 minutes on day 1

Avastin® (bevacizumab) 7.5 mg/kg X weight (kg) = _____ mg

IV in 100 mL normal saline on day 1 over:

- **90** minutes during **Cycle 1**;
- If tolerated without reaction - **60** minutes during **Cycle 2**;
- If tolerated without reaction - **30** minutes during **Cycle 3**;
- If tolerated without reaction - **15** minutes during **Cycle 4** and all other cycles

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

capecitabine 800 mg/m² X BSA = _____ mg

Dose modification: **capecitabine 800 mg/m² X BSA - _____ % = _____ mg**

PO bid with food on days 1 to 14

This prescription is NOT eligible for medication management by a pharmacist.

SUPPORTIVE CARE MEDICATIONS:

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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