			Nan	ne:	
æ			HC	N:	
	Doctor's Order Sheet				
ROGRAM OF EASTERN HEALTH	Zirabev <sup>®</sup> (bevacizu	Date	Date of Birth:		
C C	<b>15 mg/kg</b> Regimen				
	ARIA Protocol Name: Zirabev (bevacizumab) 15				
	Adult Chemotherapy – Gyr Epithelial Ovarian, Primary			Tube Carcin	oma Therany
Weight:kg	CC3520 0163 07 2		Surface Area	a (BSA) =	
Allergies:					🗌 No Known
Date:DD/MONTH/Y	Planned Administrati Cycle Duration: 21 day			DD	)/MONTH/YYYY
Gynecologic Onc • BP less than or of	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis	telets greater tha	n or equal to	<b>o</b> 100 X 10º/L,	otherwise notify
<ul> <li>MAY PROCEED WITH D</li> <li>ANC greater that Gynecologic Onc</li> <li>BP less than or of</li> <li>LFT's and Bilirubit</li> <li>Assess dipstick u</li> </ul>	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis	telets <b>greater tha</b> se notify Gynecolo	n or equal to	<b>o</b> 100 X 10º/L,	otherwise notify
<ul> <li>MAY PROCEED WITH D</li> <li>ANC greater that Gynecologic Onc</li> <li>BP less than or o</li> <li>LFT's and Bilirubi</li> <li>Assess dipstick u</li> </ul> PREMEDICATIONS:	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed	telets <b>greater tha</b> se notify Gynecolo	n or equal to	<b>o</b> 100 X 10º/L,	otherwise notify
ANC greater that Gynecologic Onc BP less than or LFT's and Bilirubi Assess dipstick u PREMEDICATIONS: Other:	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed rine or laboratory urinalysis for pr	telets <b>greater tha</b> se notify Gynecolo otein	n or equal to	<b>o</b> 100 X 10º/L,	otherwise notify
ANC greater that Gynecologic Onc BP less than or o LFT's and Bilirubi Assess dipstick u PREMEDICATIONS: Other: CHEMOTHERAPY (FOR Zirabev <sup>®</sup> (bevacizuma	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed rine or laboratory urinalysis for pr	telets <b>greater tha</b> se notify Gynecolo otein <b>mg</b>	n or equal to	o 100 X 10º/L, st	
ANC greater that Gynecologic Onc BP less than or o LFT's and Bilirubi Assess dipstick u PREMEDICATIONS: Other: CHEMOTHERAPY (FOR Zirabev <sup>®</sup> (bevacizuma Dose modification	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed rine or laboratory urinalysis for pr HOSPITAL PHARMACY): ab) 15 mg/kg X weight (kg) =	telets <b>greater tha</b> se notify Gynecolo otein <b>mg</b>	n or equal to	o 100 X 10º/L, st	
MAY PROCEED WITH D <ul> <li>ANC greater that</li> <li>Gynecologic Onc</li> <li>BP less than or of</li> <li>LFT's and Bilirubit</li> <li>Assess dipstick u</li> </ul> <li>PREMEDICATIONS: <ul> <li>Other:</li> <li>CHEMOTHERAPY (FOR</li> <li>Zirabev<sup>®</sup> (bevacizumation of the state)</li> <li>IV in 100 to 250 mL</li> <li>60 minutes during</li> </ul> </li>	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed rine or laboratory urinalysis for pr HOSPITAL PHARMACY): hb) 15 mg/kg X weight (kg) = n: Zirabev <sup>®</sup> (bevacizumab) 15 m normal saline on day 1 over:	telets <b>greater tha</b> se notify Gynecolo otein <b>mg</b> . <b>g/kg</b> X weight (kg	n or equal to gic Oncologis	o 100 X 10º/L, st	
ANC greater that Gynecologic Onc BP less than or of LFT's and Bilirubi Assess dipstick u PREMEDICATIONS: Other: CHEMOTHERAPY (FOR Zirabev <sup>®</sup> (bevacizuma Dose modification IV in 100 to 250 mL — 60 minutes during — If tolerated withou	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed rine or laboratory urinalysis for pr HOSPITAL PHARMACY): hb) 15 mg/kg X weight (kg) = n: Zirabev <sup>®</sup> (bevacizumab) 15 m normal saline on day 1 over: g Cycle 1;	telets greater that se notify Gynecolo otein mg .g/kg X weight (kg	n or equal to gic Oncologis	o 100 X 10º/L, st % =	mg
ANC greater that Gynecologic Onc BP less than or o LFT's and Bilirubi Assess dipstick u PREMEDICATIONS: Other: CHEMOTHERAPY (FOR Zirabev <sup>®</sup> (bevacizuma Dose modification IV in 100 to 250 mL — 60 minutes during — If tolerated withou	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and pla ologist equal to 150/100mmHg, otherwis n assessed rine or laboratory urinalysis for pr HOSPITAL PHARMACY): hb) 15 mg/kg X weight (kg) = n: Zirabev <sup>®</sup> (bevacizumab) 15 m normal saline on day 1 over: g Cycle 1; tt reaction - 30 minutes during Cy	telets greater that se notify Gynecolo otein mg g/kg X weight (kg	n or equal to gic Oncologis	• 100 X 10 <sup>9</sup> /L, st % = DICATIONS F	mg
ANC greater that Gynecologic Onc BP less than or of LFT's and Bilirubi Assess dipstick u PREMEDICATIONS: Other: Other: CHEMOTHERAPY (FOR Zirabev <sup>®</sup> (bevacizuma Dose modification IV in 100 to 250 mL — 60 minutes during — If tolerated withou PLEASE REFER TO CHE	OSES AS WRITTEN IF: n or equal to 1.5 X 10 <sup>9</sup> /L and plate ologist equal to 150/100mmHg, otherwise n assessed rine or laboratory urinalysis for pr HOSPITAL PHARMACY): ab) 15 mg/kg X weight (kg) = n: Zirabev <sup>®</sup> (bevacizumab) 15 m normal saline on day 1 over: g Cycle 1; at reaction - 30 minutes during Cy MOTHERAPY LETTER WHEN C	telets greater that se notify Gynecolo otein mg g/kg X weight (kg rcle 2 and all other DRDERING SUPP Date:DD/MOI	n or equal to gic Oncologis	• 100 X 10 <sup>9</sup> /L, st % = DICATIONS F Time:	mg

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