

Doctor's Order Sheet
CAPIRI Regimen +
Bevacizumab:
**Irinotecan - Capecitabine
- Bevacizumab (Part I)**
Adult Chemotherapy- Medical Oncology
Metastatic Colorectal Carcinoma



CC1350 0006 06 2018

Name: _____

HCN: _____

Date of Birth: _____

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** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $75 \times 10^9/L$, BP **less than or equal to** 160/100, Creatinine Clearance **greater than** 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:

☐ Ondansetron 16 mg PO

☐ Dexamethasone 8 mg PO

☐ Other: _____

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. USER WILL BE SOLELY RESPONSIBLE FOR VERIFYING ITS CURRENCY AND ACCURACY.

Doctor's Order Sheet
CAPIRI Regimen +
Bevacizumab:
**Irinotecan - Capecitabine
- Bevacizumab (Part II)**

Adult Chemotherapy- Medical Oncology
Metastatic Colorectal Carcinoma



CC1350 0006 06 2018

Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- ☐ **Irinotecan 200 mg/m²** X BSA = _____ mg IV in 500 mL D5W over 90 minutes on day 1
- ☐ Dose modification: **200 mg/m²** X BSA - _____ % = _____ mg IV in 500 mL D5W over 90 minutes on day 1
- ☐ **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

(Prior to and post administration, flush lines with normal saline as Bevacizumab is not compatible with D5W; blood pressure measurement pre and post dose for first 3 cycles; and prior to Bevacizumab for subsequent cycles)

CHEMOTHERAPY(FOR COMMUNITY PHARMACY)

- ☐ **Capecitabine 800 mg/m²** X BSA = _____ mg PO bid with food on days 1 to 14
- ☐ Dose modification: **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 intravenous prn for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis, or flushing.

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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