NOTE: MUST COORDINATE ORDERING OF MEDICATION WITH THE PHARMACY DEPARTMENT. TURNAROUND TIME TO OBTAIN BEVACIZUMAB (AVASTIN) IS 24 – 48 HOURS.

1. ALLERGIES/REATIONS:

2. DIAGNOSIS:
   - Metastatic colorectal
   - Non-small cell lung
   - Metastatic breast
   - Ovarian
   - Recurrent glioblastoma multiforme
   - Other (provide protocol): 

3. Height: __________ cm   Actual Weight: __________ kg

4. CALCULATED DOSE: ________ mg (rounded to nearest 100 mg)

5. CONTRAINDICATIONS:
   - Major surgery within past 28 days
   - Recent gastrointestinal perforation or wound healing complications
   - Recent hemorrhage or bleeding disorder (e.g. hemoptysis)
   - Proteinuria (dipstick 2+ or greater than 2 grams of protein in urine/24 hours)

6. BASELINE MONITORING:
   - Blood pressure: __________ mmHg
   - Proteinuria: (must select one and must be completed within 3 days of bevacizumab (Avastin) administration)
     - Dipstick urine test
     - OR
     - 24-hour urine collection

7. NO PRE-MEDICATION NEEDED

8. BEVACIZUMAB (AVASTIN) ADMINISTRATION:
   - FIRST DOSE: Infuse over 90 minutes
   - SECOND DOSE: Infuse over 60 minutes if tolerated first dose well
   - SUBSEQUENT DOSES: Infuse over 30 minutes if tolerated previous doses well
   - DO NOT administer as an IV push or bolus

9. VITAL SIGNS:
   - Pre and Post Infusion
   - Call physician if: Systolic blood pressure greater than __________ mmHg
   - Pulse greater than __________
   - Temperature greater than __________ º C

10. For infusion reactions initiate Drug Related Hypersensitivity Physician Order #774
    - If mild infusion reaction occurs the infusion may be resumed at one-half the previous rate upon improvement of patient symptoms

11. Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
12. Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Procedure #788
13. Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

DATE                   TIME  PHYSICIAN’S SIGNATURE

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐