PENNSTATE HERSHEY
Cancer Institute

REVISED November 2011

Bevacizumab (Avastin®)

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____ Metastatic Site _____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: ☐ None needed prior to first dose of chemo
   ☐ Additional labs needed prior to first dose chemo:
   _____
2. Consent Obtained ?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart
   ☐ No Plan: _____
3. Infusion Room General Order Set will be initiated
4. Chemotherapy dose calculation: (calculate 100% of dose)

Bevacizumab 10mg/kg= ____mg given in 100mls normal saline IV over 20 minutes every 14 days

Bevacizumab 15mg/kg= _____mg given in 100mls normal saline IV over 30 minutes every 21 days

Bevacizumab _____mg/kg=_____mg given in 100 mls normal saline IV over_____hours every ____days

Do not infuse in a dextrose containing solution.
Bevacizumab 5mg/kg may be given over 10 minutes.
No need for titration of infusion at any dose level
1 cycle=14-21 days. Patients are to see MD each cycle.

5. Vital signs pre and post bevicizumab infusion.

MD/Preparer's Signature _____ Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
☐ No
☐ Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____

Cycle # (week)	___ ( )	___ ( )	___ ( )
Date			
Weight/BSA			
Urine for protein			
Bevacizumab mg IV			
MD/RN Signature			

MR CHEMO ORDER