

REVISED: August 2012

Ziv-aflibercept (Zaltrap®)

ate written To begin			
atient's: Height cm Weight Allergies: ■No ■Yes:		Protocol: Yes # No Source of Dro	
Consent Obtained? Yes: Preprinted Consent See Dict No: Plan: Infusion Room General Order Set will be initiated. Laboratory Screening: Urine Dipstick for Protes	tated Note	□Routine s	upply
Pre-medications:			
Chemotherapy dose calculation:			
Ziv-aflibercept 4 mg/kg = every 2 weeks (1 cycle = 2 doses)	9	V via 0.22 micron fi	lter over 1 hou
•	each cycle by MD, orders will ian/Preparer's Signature _ding signature (required)_		
Does dose to be given vary from calclated 100% dose?	Day # Cycle Date Weight/BSA	1 ()	15 ()
☐ Yes Give % of full dose. This should be the dose written in the grid.	Urine Protein Ziv-aflibercept mg		
Reason:	MD Signature		
Planned events for next cycle:			

