

REVISED August 2013

**Modified DCF-GI q 14 days**

Date written \_\_\_\_\_ To begin \_\_\_\_\_ Shah MA, et al. J ClinOncol 2010; 29:868-874

Patient's: Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>  
 Allergies:  No  Yes: \_\_\_\_\_ Diagnosis \_\_\_\_\_ Metastatic Site \_\_\_\_\_

1. Laboratory Studies: Day one only: CBC, DIFF, PLT, Bun, Creatinine

Notify MD if ANC <1500 or PLT <100K or Bun or Creatinine abnormal

Additional labs needed prior to chemo:  
 RN to record labs and other information requested on grid and sign

2. Consent Obtained?

Yes  Preprinted Consent  
 See Dictated Note  Note in Chart

3. Infusion Room General Order Set will be initiated

5. Chemotherapy dose calculation:

**Day 1**

Dexamethasone 10 mg PO/IV 30 min before chemo

**Docetaxel**  Full dose: 40 mg/m<sup>2</sup>= \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
 in 250 ml normal saline given IV over 1 hr

**Leucovorin**  Full dose: 400 mg/m<sup>2</sup>= \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg given IV over 30 minutes

**5 Fluorouracil**  Full dose: 400 mg/m<sup>2</sup>= \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg given IV over 15 minutes

**Day 1-2**

**5-Fluorouracil**  Full dose: 1000 mg/m<sup>2</sup>= \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg

**daily IV as a continuous intravenous infusion**  
 (5-fluorouracil to be administered by home infusion, to be given over 48 hours)

**Day 3**

Dexamethasone 10 mg PO/IV 30 min before chemo  
 Palonosetron 0.25 mg IV 30 minutes before chemotherapy (cisplatin)  
 Fosaprepitant 150 mg IV 30 minutes before Cisplatin  
**Hydration:** Normal Saline @ 500 ml/hr X 2 hours pre-Cisplatin

**Cisplatin**  Full dose: 40 mg/m<sup>2</sup>= \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
 in 250 ml normal saline given IV over 30 minutes

Post-Cisplatin Hydration Infuse D<sub>5</sub> ½NS with 20 mEq KCl/liter at 500ml/hr X 2 hours

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cycle # \_\_\_\_\_ of \_\_\_\_\_ Planned**

	1	2	3	If chemo delayed
Day				
Date				
Weight/BSA				
WBC/ANC				
Hb/Hct				
Platelets				
Bun				
Creatinine				
Dose delayed or not given (reason)				
RN Signature				

Attending's Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Pager number \_\_\_\_\_ Date \_\_\_\_\_ Time AM/PM \_\_\_\_\_

