PENNSTATE HERSHEY
Cancer Institute

REVISED December 2010

WEEKLY IRINOTECAN
(X 4 DOSES)

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
☐Additional labs needed prior to first dose chemo:
_____

WBC _____ Hb/Hct _____ Plt _____ Bun/Creat _____ Date of Labs _____

Check CBC/diff/platelets weekly.
Call MD if ANC < 1500, plts < 100K, Hct 25, or if patient complains of diarrhea.

2. Consent Obtained ?
☐ Yes
☐ Preprinted Consent
☐ See Dictated Note
☐ Note in Chart
☐ No Plan: _____

3. Infusion Room General Order Set will be initiated

4. Premedications:
Hydration: **none**
Antiemetics: **Ondansetron, 16 mg po pre chemo.**
Dexamethasone, 20 mg po pre chemo.
Prochlorperazine, 10 mg po/IV q4hrs prn breakthrough nausea/vomiting.
Atropine, 0.4 mg IVP pre chemo.

5. Chemotherapy (administer in the order written): (calculate 100% of dose)
Circle desired days of administration and doses of irinotecan:
On days 1 8 15 22 (circle choices), give
Irinotecan 125 mg/m^2 = _____ mg IV over 90 minutes.

6. Post Chemotherapy: Hydration: **none** Antiemetics: **none**

7. Subsequent Doses: For each dose if WBC >3.0 and PLT >100,000 and ANC >1.5 proceed with dose as written; RN to initial each. If parameters not met, call MD for dose adjustment. Any dose modifications (dose or time interval) must be signed by MD. MD to see to begin each cycle. 1 cycle = 4 doses

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 # (Percent dose)	___/1 ( )	___/2 ( )	___/3 ( )	___/4 ( )
Date				
Weight/BSA				
WBC/ANC				
Hb/Hct				
Platelets				
Irinotecan mg				
MD/RN Signature				

MR CHEMO ORDER