PENNSTATE HERSHEY
Cancer Institute

Revised October 2013

FOLFOXIRI

DAY 1

Date written _____ To begin _____

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

Cycle # _____ of _____ Planned

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

1. Laboratory Studies:

CBC, DIFF, PLT on Day #1 of each treatment. Notify MD if ANC <1500 or PLT <100K
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. Pre-medications:
Palonosetron 0.25 mg IV 30 minutes prior to chemo
Dexamethasone 20 mg IV 30 minutes prior to chemo
Atropine sulfate 0.4 mg IVP prior to Irinotecan

5. Chemotherapy dose calculation:
Irinotecan ☐ Full dose: 165 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 250 mL D5W over 90 minutes, Day 1

Leucovorin ☐ Full dose: 200 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 100 mL D5W over 2 hours, Day 1

Oxaliplatin ☐ Full dose: 85 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 500 mL D5W over 2 hours, Day 1
Flush line with D5W before initiation and after completion of Oxaliplatin. (No normal saline in IV line). May run Leucovorin & Oxaliplatin

5-Fluorouracil ☐ Full dose: 3200 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV via continuous infusion over 48 hours, Day 1 via infusion pump.

6. Post-Chemotherapy:
Growth factors: ☐ None
☐ pegfilgrastim 6 mg given subcutaneously day 2 or 3 post chemo

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER

PENNSTATE HERSHEY
Cancer Institute

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FOLFOXIRI
DAY 15

Date written _____ To begin _____

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

Cycle # _____ of _____ Planned

		If chemo delayed
Day	15	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Dose delayed or not given (reason)		
RN Signature		

1. Laboratory Studies:

CBC, DIFF, PLT on Day #15 of each treatment. Notify MD if ANC <1500 or PLT <100K
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. Pre-medications:
Palonosetron 0.25 mg IV 30 minutes prior to chemo
Dexamethasone 20 mg IV 30 minutes prior to chemo
Atropine sulfate 0.4 mg IVP prior to Irinotecan

5. Chemotherapy dose calculation:
Irinotecan ☐ Full dose: 165 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 250 mL D5W over 90 minutes, Day 15

Leucovorin ☐ Full dose: 200 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 100 mL D5W over 2 hours, Day 15

Oxaliplatin ☐ Full dose: 85 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 500 mL D5W over 2 hours, Day 15
Flush line with D5W before initiation and after completion of Oxaliplatin. (No normal saline in IV line). May run Leucovorin & Oxaliplatin

5-Fluorouracil ☐ Full dose: 3200 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV via continuous infusion over 48 hours, Day 15 via infusion pump.

6. Post-Chemotherapy:
Growth factors: ☐ None
☐ pegfilgrastim 6 mg given subcutaneously day 16 or 17 post chemo

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER