

Revised: January 2014

**FOLFOX 6 with Bevacizumab
 DAY 1**

Date written _____ **To begin** _____

Patient's: Height _____ cm Weight _____ kg BSA _____ m²
 Allergies: No Yes: _____ Diagnosis _____ Metastatic Site _____

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

3. Infusion Room General Order Set will be initiated

4. Premedications:

- Ondansetron 16 mg IV / PO (circle route)
 Dexamethasone 20 mg IV / PO (circle route)

5. Chemotherapy dose calculation:

Oxaliplatin Full dose: 100 mg/m² = _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 500 ml D5W over 2 hours, Day 1

(Only compatible with dextrose containing solutions. Flush line with D5W before and after completion of oxaliplatin. Avoid saline)

Leucovorin Full dose: 400 mg/m² = _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 100 ml D5W over 2 hours, Day 1
 (Infuse with oxaliplatin via separate lines)

5-Fluorouracil Full dose: 400 mg/m² = _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 50 ml D5W over 15 min, Day 1

Bevacizumab Full dose: 5 mg/kg = _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 100 ml NS Day 1

Take and record Vitals before and after. Infuse over 10 minutes. Following Bevacizumab, flush line with NS, (no dextrose solutions)

5-Fluorouracil Full dose: _____ mg/m² = _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV continuous infusion over 46 hours, Day 1 via infusion pump.

6. Post-Chemotherapy:

- Growth factors:** None
 pegfilgrastim 6 mg given subcutaneously day 3 or 4 post chemo

Preparer's Signature _____ **Date** _____

Cycle # _____ of _____ Planned

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

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**FOLFOX 6 with Bevacizumab
 DAY 15**

Date written _____ To begin _____

Patient's: Height _____ cm Weight _____ kg BSA _____ m²
 Allergies: No Yes: _____ Diagnosis _____ Metastatic Site _____

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. Premedications:

- Ondansetron 16 mg IV / PO (circle route)
 Dexamethasone 20 mg IV / PO (circle route)

5. Chemotherapy dose calculation:

Oxaliplatin Full dose: 100 mg/m²= _____ mg
 Instead of full dose, give _____ % of
 dose = _____ mg
IV in 500 ml D5W over 2 hours, Day 15

(Only compatible with dextrose containing solutions. Flush line with D5W before and after completion of oxaliplatin. Avoid saline)

Leucovorin Full dose: 400 mg/m²= _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 100 ml D5W over 2 hours, Day 15
 (Infuse with oxaliplatin via separate lines)

5-Fluorouracil Full dose: 400 mg/m²= _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 50 ml D5W over 15 min, Day 15

Bevacizumab Full dose: 5 mg/kg= _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV in 100 ml NS Day 15

Take and record Vitals before and after. Infuse over 10 minutes. Following Bevacizumab, flush line with NS, (no dextrose solutions)

5-Fluorouracil Full dose: _____ mg/m²= _____ mg
 Instead of full dose, give _____ % of dose = _____ mg
IV continuous infusion over 46 hours, Day 15 via infusion pump.

6. Post-Chemotherapy:

- Growth factors:** None
 pegfilgrastim 6 mg given subcutaneously day 18 or 19 post chemo

Preparer's Signature _____ Date _____

Cycle # _____ of _____ Planned

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

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



MR CHEMO ORDER