

Revised January 2014

Modified Folfiri Day 1

Date written	To beg	gin			
Patient's: Height cn Allergies: No Yes:	n Weightkg Diagno	BSA	m² Metastatic Sit	e	
1. Laboratory Studies: CBC, DIFF, PLT Notify MD if ANC <1500 or PLT <100K ■ Additional labs needed prior to chemo:			Cycle #	_ of	Planned
RN to record labs and other		grid, and sign			If chemo
2. Consent Obtained?	onsant		Day	1	delayed
☐ Yes ☐ Preprinted Consent☐ See Dictated Note ☐ Note in Chart		Date			
3. Infusion room General Order set will be initiated		Weight/BSA			
4. Premedications:			WBC/ANC		
Ondansetron 16 mg IV / PO (circle route) Decadron 20 mg IV / PO (circle route)			Hb/Hct		
•	/ / PO (circle route) / / PO (Administer if box of	checked)	Platelets		
	• •		Dose delayed or not given (reason)		
5. Chemotherapy dose calc	culation:		RN Signature		
in 500 ml l (May give Leucovorin □ Ful □	Instead of full dose, give D_5W given IV over 2 hou Irinotecan and Leucovold dose: 400 mg/m ² =Instead of full dose, give D_5W given over 2 hours,	ors, Day 1 rin at the same to	time).		
	Full dose: 400 mg/m²=_ ☐ Instead of full do ₅ W given over 10 minute	se, give	_% of dose = n	ng	
	Full dose: 2400 mg/m²=_ ☐ Instead of full do nous infusion over 46 hou		_% of dose = n pump Day 1	ng	
6. Post-Chemotherapy: Growth factors: □ N □	one pegfilgrastim 6 mg given	subcutaneously	y day 2 or 3 post chem	0	
Preparer's Signature		Date			
Attending's Signature	Printed name	Pager number	Date	Time	AM/PM





Revised January 2014

Modified Folfiri Day 15

Date written To begin				
Patient's: Height cm Weight kg BSA Allergies: No Yes: Diagnosis	m ² Metastatic Sit	e		
1. Laboratory Studies: CBC, DIFF, PLT Notify MD if ANC <1500 or PLT <100K ■ Additional labs needed prior to chemo:	Cycle #	_ of	Planned	
RN to record labs and other information requested on grid, and si	ign		If chemo	
2. Consent Obtained?	Day	15	delayed	
□ Yes □ Preprinted Consent	Day	13		
☐ See Dictated Note ☐ Note in Chart	Date			
3. Infusion room General Order set will be initiated	Weight/BSA			
4.70	WBC/ANC			
4. Premedications: Ondansetron 16 mg IV / PO (circle route)	Hb/Hct			
Decadron 20 mg IV / PO (circle route)	Platelets			
☐ Atropine 0.4 mg IV / PO (Administer if box checked)	Dose delayed or not			
	given (reason)			
5. Chemotherapy dose calculation:	RN Signature			
(May give Irinotecan and Leucovorin at the sale Leucovorin Full dose: 400 mg/m²=mg Instead of full dose, give%				
in 100 ml D_5W given over 2 hours, Day 15 5-Fluorouracil \square Full dose: 400 mg/m ² =mg \square Instead of full dose, give in 50 ml D_5W given over 10 minutes, Day 15		ng		
5-Fluorouracil Full dose: 2400 mg/m²=mg Instead of full dose, give IV continuous infusion over 46 hours via infu	% of dose = n	ng		
6. Post-Chemotherapy: Growth factors: □ None □ pegfilgrastim 6 mg given subcutane	eously day 16 or 17 post ch	emo		
Preparer's Signature Date				
Attending's Signature Printed name Pager num	mber Date	Time AN	M/PM	