

REVISED August 2012

5-FU/LEUCOVORIN

(MAYO CLINIC daily x 5 doses regimen) (1 cycle = 5 days)

Date written	To begin
Patient's: Height	Metastatic Site Source of Drug:
	□ Routine supply □ None needed prior to first dose of chemo □ Additional labs needed prior to first dose chemo: □ Cher
2. Consent Obtained? Yes Preprinted Co See Dictated N Note in Chart No Plan:	
3. Infusion Room Gene	eral Order Set will be initiated
4. Premedications: (For	all cycles, unless otherwise specified)
Hydration: Antiemetics:	none Prochlorperazine, 10 mg po 30 minutes prior to chemo start.
5. Chemotherapy (admi	inister in the order written):
Leucovorin,	$20 \text{ mg/m}^2 = \underline{\qquad} \text{mg IV push, daily x 5}$
5-Fluorouracil, 425 mg/m $^2 = \phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	
6. Post Chemotherapy: Hydration: Antiemetics:	none none
7. Subsequent Doses: 1	Patient to be seen prior to each cycle by MD, orders will be written for each.
	MD/Preparer's Signature
	Attending Physician Signature

