

REVISED: January 2013

## Pralatrexate (Folotyn®)

Date written	To begin						•		
Patient's: Heightcm Allergies: □No Diagnosis	□Yes:				Protocol:  Yes # No Source of Drug:				
1. Consent Obtained?  ☐ Yes: ☐ Preprinted Co. ☐ No: Plan:					□Ro	utine sup otocol sup	ply		
2. Infusion Room General Ord	er Set will be initiated								
3. Laboratory Parameters: CBC w/diff	(prior to each dose), C	MP (prio	or to first a	nd fourth	doses)				
4. Premedications:									
Ensure patie	lamin 1000 mcg IM x ent has prescription for on 8 mg PO Qweek pr ation:	Folic ac	id (1 mg P	• .					
Pralatrexate 30 mg/m	2 = mg IV ove	r 3-5 miı	nutes Owe	ek x 6 we	eks				
						1.			
6. Subsequent Doses: Patient t	to be seen prior to each								
		Physic	cian Signa	ture					
	Attendin	g signatı	ıre (requi	red)					
Does dose to be given vary from	Dose/week #	1	2	3	4	5	6		
calculated 100% dose?  No Yes Give % of full dose. This should be the dose written in the grid. Reason:	% of dose								
	Date								
	WBC/ANC								
	Platelets								
lanned events for next cycle:	AST/ALT, Tbili								
	Pralatrexate (mg)								
	MD/RN Signature								

