

REVISED 11/2015

Cetuximab (Erbitux®) weekly

Patient's: Height cm Allergies: No Yes:		To begin					
		WeightDiagnosis	kg BSA_				
. Laboratory Stud Send Magnesiu		to start treatment be	efore magnesiu	ım result available.			
		Cycle #	of	_ Planned			
Week	1	2	3	4	5	6	
Date							
Weight/BSA							
Magnesium							
Dose delayed or not given (reason)							
RN Signature							
3. Infusion room G4. Premedications:	Diphenhydrar	t will be initiated nine 50mg IV 30 m ulfate 1000 mg IV o					
	400 mg/m^2		_IV over 2 h	r more than 6 weel nours initial loadin r	g dose x 1 dos	e	
Subsequent o Cetuximal	doses o 250 mg/m2		_IV over 60	minutes weekly fo			
ma	agnesium sulfa	magnesium level is te 1000 mg IV over magnesium level is	60 minutes	e an additional dose O for instructions	e of		
Preparer's Signat	ure		Date				
Attending's Signa	ture P	rinted name	Pager nun	nber Date	Time A	AM/PM	

