

Revised January 2014

**FOLFIRINOX Day 1**

Date written \_\_\_\_\_ To begin \_\_\_\_\_

Patient's: Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>  
 Allergies:  No  Yes: \_\_\_\_\_ Diagnosis \_\_\_\_\_ Metastatic Site \_\_\_\_\_

1. Laboratory Studies:  
 CBC, DIFF, PLT  
 Notify MD if ANC <1500 or PLT <100K  
 Additional labs needed prior to chemo: \_\_\_\_\_  
 RN to record labs and other information requested on grid, and sign

Cycle # \_\_\_\_\_ of \_\_\_\_\_ Planned

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:

Palonosetron 0.25 mg IV prior to chemo  
 Dexamethasone 20 mg IV prior to chemo

5. Chemotherapy dose calculation:  
**Oxaliplatin**  Full dose: 85 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of  
 dose = \_\_\_\_\_ mg  
**IV in 500 mL D5W over 2 hours, Day 1**  
 Flush line with D5W before/after completion of Oxaliplatin. (No normal saline in IV line).

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

**Leucovorin**  Full dose: 400 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 100 mL D5W over 2 hours, Day 1**  
 Upon completion of Oxaliplatin begin Leucovorin.

**Atropine sulfate 0.4 mg IVP x 1 dose prior to Irinotecan**

**Irinotecan**  Full dose: 180 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 250 mL D5W over 90 minutes Day 1, start Irinotecan**  
 after Leucovorin has been running for 30 min. Use Y site with Leucovorin to run both together 90 min.

**5-Fluorouracil**  Full dose: 400 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 50 mL D5W over 15 min, Day 1**

**5-Fluorouracil**  Full dose: 2400 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV via continuous infusion over 46 hours, Day 1 via infusion pump.**

6. Post-Chemotherapy:  
**Growth factors:**  None  pegfilgrastim 6 mg given subcutaneously day 2 or 3 post chemo

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



Revised January 2014

**FOLFIRINOX Day 15**

**Date written** \_\_\_\_\_ **To begin** \_\_\_\_\_

Patient's: Height \_\_\_\_\_ cm    Weight \_\_\_\_\_ kg    BSA \_\_\_\_\_ m<sup>2</sup>  
 Allergies:  No  Yes: \_\_\_\_\_ Diagnosis \_\_\_\_\_ Metastatic Site \_\_\_\_\_

1. Laboratory Studies  
 CBC, DIFF, PLT  
 Notify MD if ANC <1500 or PLT <100K  
 Additional labs needed prior to chemo: \_\_\_\_\_  
 RN to record labs and other information requested on grid, and sign

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:  
 Palonosetron 0.25 mg IV prior to chemo  
 Dexamethasone 20 mg IV prior to chemo

5. Chemotherapy dose calculation:

**Oxaliplatin**  Full dose: 85 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 500 mL D5W over 2 hours, Day 15**  
 Flush line with D5W before/after completion of Oxaliplatin. (No normal saline in IV line).  
 Upon completion of Oxaliplatin begin Leucovorin.

**Leucovorin**  Full dose: 400 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 100 mL D5W over 2 hours, Day 15**

**Atropine sulfate 0.4 mg IVP x 1 dose prior to Irinotecan**

**Irinotecan**  Full dose: 180 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 250 mL D5W over 90 minutes Day 15, start Irinotecan**  
 after Leucovorin has been running for 30 min. Use Y site with Leucovorin to run both together 90 min.

**5-Fluorouracil**  Full dose: 400 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV in 50 mL D5W over 15 min, Day 15**

**5-Fluorouracil**  Full dose: 2400 mg/m<sup>2</sup> = \_\_\_\_\_ mg  
 Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
**IV via continuous infusion over 46 hours, Day 15 via infusion pump.**

6. Post-Chemotherapy:  
 Growth factors:  None  pegfilgrastim 6 mg given subcutaneously day 16 or 17 post chemo

**Cycle # \_\_\_\_\_ of \_\_\_\_\_ Planned**

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

**Preparer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_