PENNSTATE HERSHEY
Cancer Institute

REVISED December 2010

CAF

Date written _____ To begin _____

Protocol:
- ☐ Yes #_____
- ☐ No

Source of Drug:
- ☐ Routine supply
- ☐ Protocol supply
- ☐ Other

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____

1. Laboratory Studies: ☐None Needed
   ☐Additional labs needed prior to first dose chemo:
   _____

WBC _____ Hb/Hct _____ Plt _____ Bun/Creat _____ Date of Labs _____

2. Premedications:
   Hydration: **none** Antiemetics: Ondansetron, 24 mg po 30 minutes pre chemo
   Dexamethasone, 20 mg po 30 minutes pre chemo
   Prochlorperazine, 10 mg po/IV Q4hrs prn breakthrough nausea/vomiting
3. Consent Obtained ?
   - ☐ Yes
     - ☐ Preprinted Consent
     - ☐ See Dictated Note
     - ☐ Note in Chart
   - ☐ No Plan: _____
4. Infusion Room General Order Set will be initiated
5. Chemotherapy (administer in the order written): (calculate 100% of dose)
   Dose reduction: ☐No ☐ Yes: _____% of usual dose
   Cyclophosphamide, 500 mg/m^2 = _____ mg IV infuse over 30 min
   Doxorubicin, 50 mg/m^2 = _____ mg IV infuse by slow intravenous push
   5-FU, 500 mg/m^2 = _____ mg IV over 30 minutes
6. Post Chemotherapy:
   Hydration: **none** Antiemetics: **Prophylactic / prn antiemetics per post-doxorubicin chart**
7. Subsequent Doses: Patient to be seen prior to each cycle by MD.

MD/Preparer's Signature _____ Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
- ☐ No
- ☐ Yes
  Give _____ % of full dose.
  This should be the dose written in the grid.
  Reason: _____
  _____
  _____

Planned events for next cycle:
_____
_____
_____

Cycle # (Percent dose)	_____ ( )
Date	
Weight/BSA	
WBC/ANC	
Hb/Hct	
Platelets	
Cyclophosphamide mg IV	
Doxorubicin mg IV	
5-FU mg IV	
(Growth Factors)	
MD Signature	

MR CHEMO ORDER