

FCR

REVISED: August 2013 Date written To begin						
Patient's: Height cm Weight kg BSA Allergies: No Yes: Diagnosis	m²Metastatic Site					
1. Laboratory Studies: CBC, DIFF, PLT Notify MD if ANC <1500 or PLT <100K	Cycle # of Planned					
☐ Additional labs needed prior to chemo: RN to record labs and other information requested on grid,	and sign If chemodelayed					
2. Consent Obtained? ☐ Yes: ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart ☐ No: Plan:	Day 1 Date					
	Weight/BSA					
3. Infusion Room General Order Set will be initiated	WBC/ANC					
	Hb/Hct					
4. Premedications:	Platelets					
Hydration: None Antiemetics: Ondansetron 8 mg IV 30 minut						
before chemotherapy, days 1-3	given (reason)					
	RN Signature					
5. Chemotherapy dose calculation:						
FLUDARABINE \square Full dose: 25 mg/m ² = mg						
☐ Instead of full dose, give % of given IV daily for 3 days each cyc						
CYCLOPHOSPHAMIDE						
RITUXIMAB See page 2 for dosing.						
6. If any symptoms occur, hold infusion, start NS at 100/ml. A	As appropriate, call MD and give					
Meperidine 25 mg IV push for rigors, may repeat Diphenhydramine 25 mg IV push for urticaria/swe Dexamethasone 20 mg IV for for stridor, new when						
7. Growth factors: ☐ None ☐ pegfilgrastim 6 mg given subcutaneo	usly on day 4 or 5					
Preparer's SignatureD	ate					
Attending's Signature Printed name Pag	ger number Date Time AM/PM					
MR CHEMO ORDER						



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REVISED: July 2013 Date written	To begin		_Weekly x4 or single do		
Patient's: Heightcm Allergies: □No □Yes:	Weightkg Diag	BSA	_m² Metastat	ic Site	
1. Laboratory Studies: CBC, DIFI 2. May Begin infusion before labs 3. Call MD if WBC <2500 Hb <9.	available. RN to rec 5 Plts <75,000.	ord labs and other in	nformation requeste		
Dose #/ Cycle #	1/	2/	3/	4/	
Date					
WBC/ANC					
Hb/Hct					
Platelets					
Type of infusion (circle one)	Standard Rapid: in 250ml	Standard Rapid: in 250ml	Standard Rapid: in 250 ml	Standard Rapid: in 250 ml	
DAY 1					

	Type of infusion	n (circle one)	Standard Rapid: in 250ml	Standard Rapid: in 250ml	Standard Rapid: in 250 ml	Standard Rapid: in 250 ml	
	RN signature			N	7, 22		
3. Cons	sent Obtained?						ı
	☐ Yes ☐ Prepi	rinted Conser	nt	Note I Note in	Chart 🗖 No Plan	n:	
4. Infu	sion Room Gene	ral Order Set	will be initiated				
5. Plac	e IV if no indwel	lling catheter					
6. Pre-	medicate prior to	each infusio	n with:				
]	Diphenhydrami	ne 50 mg po	Dexamethason	e 20 mg po (Unless D	examethasone given within	24 hrs as part of a chemo r	regimen)
	Acetaminophen	650 mg po		istering rituximab by ra			
	_						
Rit	uximab 375 mg/	$m^2 = \underline{\hspace{1cm}}$	mg (round	d to the nearest 50	mg)		
		☐ Give wee	kly x 4 doses				
			☐ Give as part	t of a chemotherap	y regimen (see atta	ched chemo order))
				☐ Give as a single	e dose (or for main	tenance treatment))
Sta	ndard	-Prepare as a standard 2mg per ml solution					
Inf	usion:	-Infuse initial dose of rituximab at 25 ml/hr x 30 minutes.					
	-If tolerated without symptoms, increase infusion rate by 25 ml/hr every 30 minutes to a maximum of 200 ml/hr						
Raj	pid	-If the last rituximab infusion was well tolerated within the last 30 days (RN assessment: patient comfortable, no					
Inf	usion	rigors, hypotension, urticaria or shortness of breath), then use:					
	-Mix rituximab dose in 250 ml normal saline and infuse first 50 ml over 30 minutes						
	-Then give remainder of rituximab over 60 minutes -This will require pre-medication with dexamethasone.						
		*	*				
	ermediate			• •	sessment: patient comfortal	ole, no rigors,	
Inf	fusion	• 1	icaria or shortness of breath	n), then use			
			idard 2mg per ml solution	30 minutes then increase h	v 50ml/hr every 30 minutes	s to maximum rate of 200 r	ml/hr
		musion may be	5111 at 50 mi/m for the mist	50 minutes their merease 0	y John in every 30 innutes	to maximum rate of 200 f.	111/111.

Meperidine 25 mg IV push for rigors, may repeat once if no improvement in 10 minutes Diphenhydramine 25 mg IV push for urticaria/swelling, may repeat once if no relief in 10 minutes

8. If any symptoms occur, hold infusion, start NS at 100ml per hour. As appropriate, call MD and give

Dexamethasone 20 mg IV for stridor, new wheezing or patient complaining of difficulty breathing.

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

