

REVISED January 2016

**5-Fluorouracil/Cisplatin**  
 (OUTPATIENT)

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

Patient's: Height _____ cm    Weight _____ kg    BSA _____ m <sup>2</sup>
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____    Diagnosis _____    Metastatic Site _____

1. Laboratory Studies: ISTAT Creatinine, CBC, DIFF, PLT  
 Hold chemo and 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
3. Infusion Room General Order will be initiated
4. Premedications:

**Fosaprepitant 150 mg IV 30 min pre-Cisplatin**  
**Ondansetron, 24 mg po 30 min pre-Cisplatin.**  
**Dexamethasone, 12 mg po 30 min pre-Cisplatin.**

5. Chemotherapy  
 Hydration: **Normal Saline at 500 ml/hr IV x 2 hours pre-cisplatin.**

**Cisplatin,  Full dose: 80 mg/m<sup>2</sup> = \_\_\_\_\_ mg**  
 **Full dose: 75 mg/m<sup>2</sup> = \_\_\_\_\_ mg**

**Instead of full dose, give \_\_\_\_\_% of dose = \_\_\_\_\_ mg  
 in 250 ml/NS IV over 30 minutes.**

- 5-Fluorouracil 225 mg/m<sup>2</sup> = \_\_\_\_\_ mg by CIV over 24 hours for 30 days to be administered by home infusion (total dose = \_\_\_\_\_ mg/m<sup>2</sup>).**
- 5-Fluorouracil 500 mg/m<sup>2</sup> = \_\_\_\_\_ mg by CIV over 24 hours.**
- 5-Fluorouracil 800 mg/m<sup>2</sup> = \_\_\_\_\_ mg by CIV over 24 hours.**
- 5-Fluorouracil 1000 mg/m<sup>2</sup> = \_\_\_\_\_ mg by CIV over 24 hours.**

**for 4 days – to be administered by home infusion  
 total dose to be given = \_\_\_\_\_ mg**

**for 5 days – to be administered by home infusion  
 total dose to be given = \_\_\_\_\_ mg**

6. Post-cisplatin Chemotherapy: Hydration: **D<sub>5</sub>½ NS with 20 meq KCl/L @ 500 ml/hr IV x 2 hours**

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

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

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

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

