PENNSTATE HERSHEY
Cancer Institute

Revised September 2014

Modified Folfiri/Ziv-aflibercept Day 1

Date written _____ To begin _____

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

1. Laboratory Studies: CBC, DIFF, PLT, Urine for protein
☐ Additional labs needed prior to chemo:
RN to record labs and other information requested on grid, verify that the lab test requested on grid. If normal, sign and proceed with treatment. If any labs abnormal notify MD. For CBC notify MD if ANC <1500 or PLT <100K, Urine protein >300

Cycle # _____ of _____ Planned

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

2. Consent Obtained?
☐Yes ☐ Preprinted Consent
☐ See Charted Note
3. Infusion room General Order set will be initiated
4. Premedications:
Ondansetron 16 mg IV / PO (circle route)
Decadron 20 mg IV / PO (circle route)
☐ Atropine 0.4 mg IV / PO (Administer if box checked)

5. Chemotherapy dose calculation:

Ziv-aflibercept 4 mg/kg = _____mg IV in 100 mL D5W via 0.22 micron filter over 1 hour on Day 1

Irinotecan ☐ Full dose: 180 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
in 500 ml D_5W given IV over 2 hours, Day 1
(May give Irinotecan and Leucovorin at the same time).

Leucovorin ☐ Full dose: 400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
in 100 ml D_5W given over 2 hours, Day 1

5-Fluorouracil ☐ Full dose: 400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
in 50 ml D_5W given over 10 minutes, Day 1

5-Fluorouracil ☐ Full dose: 2400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
IV continuous infusion over 46 hours via infusion pump Day 1

6. Post-Chemotherapy:
Growth factors: ☐ None ☐ pegfilgrastim 6 mg given subcutaneously day 4 or 5 post chemo

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER

PENNSTATE HERSHEY
Cancer Institute

Revised September 2014

Modified Folfiri/Ziv-aflibercept Day 15

Date written _____ To begin _____

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

Cycle # _____ of _____ Planned

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

1. Laboratory Studies: CBC, DIFF, PLT. ☐ Urine for protein

Notify MD if ANC <1500 or PLT <100K, Urine protein <2+
☐ Additional labs needed prior to chemo:
RN to record labs and other information requested on grid, verify that the lab test requested on grid. If normal, sign and proceed with treatment. If any labs abnormal notify MD. For CBC notify MD if ANC <1500 or PLT <100K, Urine protein <300

2. Consent Obtained?
   ☐Yes ☐ Preprinted Consent
   ☐ See Charted Note
3. Infusion room General Order set will be initiated
4. Premedications:
   Ondansetron 16 mg IV / PO (circle route)
   Decadron 20 mg IV / PO (circle route)
   ☐ Atropine 0.4 mg IV / PO (Administer if box checked)

5. Chemotherapy dose calculation:
   Ziv-aflibercept 4 mg/kg = _____mg IV in 100 mL D5W via 0.22 micron filter over 1 hour on day 15

   Irinotecan ☐ Full dose: 180 mg/m^2=_____mg
   ☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
   in 500 ml D_5W given IV over 2 hours, Day 15
   (May give Irinotecan and Leucovorin at the same time).

   Leucovorin ☐ Full dose: 400 mg/m^2=_____mg
   ☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
   in 100 ml D_5W given over 2 hours, Day 15

   5-Fluorouracil ☐ Full dose: 400 mg/m^2=_____mg
   ☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
   in 50 ml D_5W given over 10 minutes, Day 15

   5-Fluorouracil ☐ Full dose: 2400 mg/m^2=_____mg
   ☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
   IV continuous infusion over 46 hours via infusion pump Day 15

6. Post-Chemotherapy:
   Growth factors: ☐ None ☐ pegfilgrastim 6 mg given subcutaneously day 17 or 18 post chemo

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER