

Adult Outpatient Chemotherapy Order Form

Diagnosis / Indications: CRC
 Regimen: Panitumumab
 Cycle #: _____
 Reference: Van Cutsem E, et al. J Clin Oncol
2007;25:1658-64
 Begin Therapy Day # 1 / /

Patient Height (cm): _____
 Weight (kg): Actual _____ Ideal: _____ Used: _____
 Body Surface Area (m²): Actual: _____ Ideal: _____ Used: _____
 Allergies (reactions): _____

	DRUG (Oral or injectable)	PROTOCOL DOSAGE (Per M ² or Per Kg)	PATIENT'S DOSE	ROUTE	GIVE ON DAYS
1	Panitumumab	6 mg/kg		IV	Every 2 weeks
	Fluid / Volume: 100 mL NS		Flow Rate or Infusion Time: 60 minutes		
2					
	Fluid / Volume:		Flow Rate or Infusion Time:		

Follow-up appt.: _____ with labs _____

Specific Administration Instructions/Requirements:

- ANC greater than 1,000 ANC greater than 1,500 Platelets greater than 100,000
- Institute extravasation protocol in the event of a suspected extravasation
 - Monitor for hypersensitivity/allergic reaction. If suspected, then follow hypersensitivity/anaphylaxis orders per the Emergency Physician's Order protocol.

Labs:

CBC w/diff CMP BMP Magnesium CEA Other _____

Pre-medications:

None

PRN Medications (please check appropriate meds):

diphenhydramine infusion reaction 25 mg IV x 1 50 mg IV x 1 hydrocortisone 100 mg IV x 1 infusion reaction

Special Instructions/Extra Orders: _____

Date _____ Time _____ Physician / PA / RPh _____ Provider # _____ Beeper # _____
 Date _____ Time _____ Signature of Oncology Attending / Fellow _____, MD
 Print Name of Attending / Fellow _____ MD # _____

Pharmacy Use Only:
084960-1

Shands
at
the University of Florida
Gainesville, Florida 32610



RX0001

Patient Name: _____ Patient Identification #: _____

Adult Outpatient Chemotherapy Order Form

(page 1 of 1)