

Adult Outpatient Chemotherapy Order Form (page 1 of 1)

Diagnosis / Indications: Esophageal Cancer
 Regimen: EOX q21days
 Cycle #: _____
 References: Cunningham D, et al. N Engl J Med 2008;358:36-46.
 Begin Therapy Day #1 (____/____/____)

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

 Lifetime Epirubicin Dose: _____

Chemotherapy:

	DRUG (Oral or injectable)	PROTOCOL DOSAGE (Per m ²)	PATIENT'S DOSE	ROUTE / FREQUENCY	GIVE ON DAYS
1	Epirubicin	50 mg/m ²		IV	Day 1
	Fluid / Volume: NS 100 mL [EF on _____ = _____ %]		Flow Rate or Infusion Time: 30 minutes		
2	Oxaliplatin	130 mg/m ²		IV	Day 1
	Fluid / Volume: 500 mL D5W		Flow Rate or Infusion Time: 120 minutes		
3	Capecitabine	625 mg/m ² BID		PO	Day 1
	Fluid / Volume		# prescribed: _____	onwards continuously	
4					
	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
 1. Institute extravasation protocol in the event of a suspected extravasation 2. Monitor for hypersensitivity/allergic reaction. If suspected, then follow hypersensitivity/anaphylaxis orders per the Emergency physician's order protocol. 3. Verify patient obtained and is taking capecitabine.

Labs: CBC w/diff CMP BMP Magnesium Other: _____

Pre-Medications (please check appropriate meds):

1. Dexamethasone 12 mg IV Day 1 2. Ondansetron 8 mg IV Day 1
 1 gram calcium gluconate & 1 gram magnesium sulfate over 1 hour pre- and post-oxaliplatin

PRN Medications (please check appropriate meds):

- Aprepitant 125 mg PO PRN nausea prevention x 1 dose (patient takes own med) Lorazepam 1 mg IV PRN nausea or anxiety x 1 dose
 Prochlorperazine 10 mg IV PRN N/V x 1 dose Promethazine 25 mg IV PRN N/V x 1 dose

Take Home Medications (please check appropriate meds):

1. Dexamethasone 8 mg PO every AM Days 2, 3, and 4 (# 3)
 Aprepitant 80 mg PO Days 2 and 3 (# 2)
 Prochlorperazine 10 mg PO q6hr PRN nausea and vomiting # _____ OR
 Promethazine 25 mg PO q6hr PRN nausea and vomiting # _____
 Loperamide 2 mg PO q2hr PRN diarrhea # _____

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:
 085700-A-1



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Patient Name: _____ Patient Identification #: _____