

DATE TO BE GIVEN: \_\_\_\_\_ CYCLE: \_\_\_\_\_ REGIMEN/PROTOCOL: **FOLFIRINOX**

PRIMARY DIAGNOSIS:  Advanced Pancreatic Cancer  Other\*: \_\_\_\_\_

\* When selecting other diagnosis please provide protocol

ALLERGIES/REACTIONS: \_\_\_\_\_

MD to indicate which weight to use:  Actual  Ideal  Adjusted

HEIGHT (cm):	ACTUAL WEIGHT (kg): and BSA (m <sup>2</sup> ):	IDEAL WEIGHT (kg): and BSA (m <sup>2</sup> ):	ADJUSTED WEIGHT (kg): and BSA (m <sup>2</sup> ):
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Dosing calculations to be completed by Pharmacist:

CHEMOTHERAPY MEDICATION ORDERS	DOSE (mg/m <sup>2</sup> )	BSA (m <sup>2</sup> )	DOSE TO BE GIVEN	ROUTE	INFUSE OVER	DATE(S) AND FREQUENCY
In order of administration:						
<input type="checkbox"/> Calcium gluconate 1 g and magnesium sulfate 1 g in 250 ml D5W infused over 1 hour prior to oxaliplatin						
<b>Oxaliplatin</b> (in D5W only – incompatible with 0.9% Sodium Chloride)	85 mg/m <sup>2</sup> or _____ mg/m <sup>2</sup>	<b>X</b>	=	IV	2 hours	Day 1
<b>Irinotecan</b>	180 mg/m <sup>2</sup>	<b>X</b>	=	IV	90 minutes	Day 1
<b>Leucovorin</b>	400 mg/m <sup>2</sup> or _____ mg/m <sup>2</sup>	<b>X</b>	=	IV	2 hours	Day 1
<b>Fluorouracil</b>	400 mg/m <sup>2</sup> or _____ mg/m <sup>2</sup>	<b>X</b>	=	IV	20 minutes	Day 1
<b>Fluorouracil</b>	2.4 g/m <sup>2</sup> or _____ g/m <sup>2</sup>	<b>X</b>	=	IV	46 hours	Day 1

**CONTINUOUS IV CHEMOTHERAPY: MAY INCREASE RATE BY \_\_\_\_\_ TO KEEP WITHIN 46 HOUR DOSE. PATIENT MAY BE OFF CONTINUOUS IV CHEMOTHERAPY NO LONGER THAN 30 MINUTES/24 HOURS.**

HYDRATION ORDERS	HYDRATION SOLUTION	ADDITIVES	RATE	DURATION
BEFORE CHEMOTHERAPY				
DURING CHEMOTHERAPY	***Oxaliplatin not compatible with 0.9% Sodium Chloride***			
OTHER IV THERAPY				

HOLD CHEMOTHERAPY FOR THE FOLLOWING REASONS:

Absolute Neutrophil Count (ANC) Less Than \_\_\_\_\_ (typically less than 1,000)

Platelets Less Than \_\_\_\_\_ (typically less than 100,000)

Other \_\_\_\_\_

Physician initial: \_\_\_\_\_



**PHARMACY TO MANAGE ANTIEMETICS**

ANTIEMETIC ORDERS/DRUG NAME	DOSE	ROUTE	TIMING
<b>Ondansetron</b>	8 mg	PO	Begin 20 minutes pre-chemo then every 8 hours times 9 doses
<b>Dexamethasone</b>	8 mg	PO	Begin 20 minutes pre-chemo then every 12 hours times 6 doses
<b>NOTE: Number the antiemetics below in the order to be used. The nurse will select #1 as the first medication to be given and may alternate #2. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.</b>			
_____ <b>Lorazepam</b>	0.5-1 mg	IV	Single dose 20 minutes pre-chemo then every 4 hours PRN nausea/vomiting/anxiety
_____ <b>Promethazine</b>	12.5-25 mg or 6.25-12.5 mg*	IV	Every 4 hours PRN nausea/vomiting

\* For patients greater than 65 years old

**TESTS:**

- MUGA Scan
- ECG
- Other \_\_\_\_\_

**LABS – NOW:**  CBC  BMP  CMP  Other \_\_\_\_\_

**LABS – DAILY:**  CBC  BMP  CMP  Other \_\_\_\_\_

Urine Output: If urine output is less than \_\_\_\_\_ give \_\_\_\_\_ times \_\_\_\_\_ days

- Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
- Nurse May Utilize Local Anesthetic for CVAD Access per nursing protocol #788
- For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

**MEDICATIONS:**

- Allopurinol 300 mg PO every day
- Atropine 0.4 mg IV 1 time prior to Irinotecan
- Atropine 0.8 mg IV 1 time prior to Irinotecan
- Other: \_\_\_\_\_

**NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.**

\_\_\_\_\_  
DATE                      TIME                      PHARMACIST'S SIGNATURE

\_\_\_\_\_  
DATE                      TIME                      PHYSICIAN'S SIGNATURE

Another brand of drug, identical in form and content, may be dispensed unless checked.

