MemorialCare

Outpatient Adult Chemotherapy Order Set

EPIC 3185: Colorectal Cancer - FOLFIRI (Irinotecan, Leucovorin, Fluorouracil) Q2W

Patient Name: _____ **MRN #:** _____ **DOB:** _____ **Age:** _____

Diagnosis: _____ **Height:** _____ **Weight:** _____ **BSA:** _____ **m²** **Allergies:** _____

Chemotherapy Treatment Regimen/Protocol: FOLFIRI - Q2W

Chemotherapy Treatment Start Date: _____ **Current Cycle #:** _____ **Day #:** _____ **Total # of Cycles Planned:** _____

Labs: ☐ Prior to chemotherapy ☐ Draw every _____ week(s) ☐ Draw after cycle # _____ ☐ Draw on Date/Day _____

☐ CBC w/diff ☐ CMP ☐ Mg ☐ Phos ☐ SCr ☐ Other _____

Notify Provider Parameters:

☐ Notify Provider and hold chemotherapy if ANC is less than _____ and/or platelets are less than _____.

☐ Notify Provider if: _____.

Flush Lines and TKO IVF:

■ Ok to establish and flush vascular access ■ NS 500 mL at 20 mL/hr (TKO)

■ Flush Panel: • Heparin 5 mL (100 units/mL) IV PRN
• Saline Lock Flush 20 mL IV PRN

Pre-Chemotherapy IV Hydration:

☐ NS 250 mL IV over 30 minutes ☐ NS 500 mL over 60 minutes ☐ Other: _____

Post-Chemotherapy IV Hydration:

☐ NS 250 mL IV over 30 minutes ☐ NS 500 mL over 60 minutes ☐ Other: _____

Pre-Chemotherapy Antiemetic Medications: (*Administer 30 minutes prior to chemotherapy or follow administration instructions.*)

☐ **Low Risk:** • Dexamethasone (Decadron) 8 mg IV ONCE

☐ **Moderate Low Risk:** • Ondansetron (Zofran) 16 mg IV ONCE
• Dexamethasone (Decadron) 10 mg IV ONCE

■ **Moderatge High Risk:** • Palonosetron (Aloxi) 0.25 mg IV ONCE
• Dexamethasone (Decadron) 10 mg IV ONCE

☐ **High Risk:** • Fosaprepitant (Emend) 150 mg IV ONCE
• Ondansetron (Zofran) 8 mg IV ONCE
• Dexamethasone (Decadron) 12 mg IV ONCE

☐ **Other:** _____

Pre-Chemotherapy "Other" Medications:

☐ DiphenhydrAMINE (Benadryl) 25 mg IV ONCE ☐ Famotidine (Pepcid) 20 mg IV ONCE

☐ Acetaminophen (Tylenol) 650 mg PO ONCE ■ Other: Atropine 0.4 mg SubQ ONCE prior to Irinotecan

PRN Medications:

☐ Ondansetron (Zofran) 4 mg IV Q6H PRN N/V ☐ DiphenhydrAMINE (Benadryl) 25 mg IV Q6H PRN itching, N/V

☐ Granisetron (Kytril) 1 mg IV Q12H PRN N/V ☐ LORazepam (Ativan) _____ mg PO/IV Q6H PRN anxiety, N/V

☐ MetoCLOPramide (Reglan) 10 mg IV Q6H PRN N/V ☐ Acetaminophen (Tylenol) 650 mg PO Q6H PRN H/A, fever

☐ Prochlorperazine (Compazine) 10 mg IV Q6H PRN N/V ☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 2/22/21 1127

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Patient Name: _____ **MRN #:** _____ **DOB:** _____ **Age:** _____

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Chemotherapy Treatment Regimen/Protocol: FOLFIRI - Q2W

- **Provide documentation if using non-standard regimen/protocol:** _____
- **Reason for chemotherapy dose deviation from standard regimen/protocol:**
  ☐ Age ☐ Renal Function ☐ Hepatic Function ☐ Hematologic Factors ☐ Previous Toxicity ☐ Other: _____
- **BSA/Wt dosing:** If BSA >2 m², use BSA of _____ m² OR If not using ACTUAL Wt, use ☐ Adjusted ☐ Ideal
- **For AUC dosing:** Patient's actual SCr will be used for dose calculation (minimum of 0.7 mg/dL per hospital policy) unless MD specifies SCr to use here: _____ mg/dL. (Maximum CrCl used for dose calculation is 125 mL/min.)

Documentation required for ***Lifetime Cumulative Dose (LCD)*** given to date: Anthracyclines _____ mg/m² or Bleomycin _____ units

Chemotherapeutic Drugs: *(Please do not use unapproved abbreviations such as "d" for dose or Day…)*

Drug Name	Intended Dose (mg/m² or mg/kg or AUC)	Actual Dose (mg or units)	Route & Frequency
Irinotecan (CAMPTOSAR)	180 mg/m2		IV over 90 minutes ONCE on Day 1
Leucovorin	400 mg/m2		IV over 2 hrs ONCE on Day 1 prior to 5-FU
Fluorouracil (5-FU, ADRUCIL)	400 mg/m2		IV bolus over 30 minutes ONCE on Day 1
Fluorouracil (5-FU, ADRUCIL)	2400 mg/m2		CIV infusion over 46 hours beginning on Day 1

Chemotherapy Infusion Reaction Medications: *(All medications will be ordered together; RN will notify physician of all chemo infusion reactions)*

☐
- Acetaminophen (Tylenol) 650 mg PO PRN x 1 for fever, chills
- DiphenhydrAMINE (Benadryl) 50 mg IV PRN x 1 for itching, facial flushing, hives, rash
- MethylPREDNISolone (Solu-Medrol) 125 mg IV PRN X 1 for wheezing, shortness of breath or symptoms unresponsive to IV diphenhydrAMINE
- EPINEPHrine 0.3 mg IM PRN x 1 for anaphylaxis
- Famotidine (Pepcid) 20 mg IV PRN x 1 for itching, facial flushing, hives, rash if famotidine not given as premed
- Meperidine (Demerol) 25 mg IV PRN x 1 for severe rigors
- Albuterol (Proventil HFA, Ventolin HFA) 90 mcg/actuation MDI 2 puffs PRN x 1 for wheezing, shortness of breath, dyspnea

Supportive Therapy:

☐ Pegfilgrastim (Neulasta)* 6 mg SubQ ONCE. Start 24 hours after chemotherapy on Day _____.
☐ Pegfilgrastim (Neulasta Onpro)* Delivery Kit 6 mg SubQ ONCE apply after chemotherapy given.
☐ Filgrastim - sndz (Zarxio) _____ mcg SubQ DAILY for _____ days. Start 24 hours after chemotherapy on Day_____.
☐ Filgrastim (Neupogen)* _____ mcg SubQ DAILY for _____ days. Start 24 hours after chemotherapy on Day _____.
☐ Tbo - Filgrastim (Granix)** _____ mcg SubQ DAILY for _____days. Start 24 hours after chemotherapy on Day _____.
☐ Other: _____

* Not available at SMMC
** Not available at SMMC and OCMMC

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 2/22/21 1127

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