MemorialCare

Outpatient Adult Chemotherapy Order Set

EPIC 3191: Head and Neck CA - Erbitux + CARBOplatin + 5-FU (Cetuximab, CARBOplatin, Fluorouracil) Q3Weeks

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

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

Chemotherapy Treatment Regimen/Protocol: Erbitux + CARBO + 5-FU - Q3W

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 3-5 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 mins ☐ Other:_____

Post-Chemotherapy IV Hydration:

☐ NS 250 mL IV over 30 minutes ☐ NS 500 mL over 60 mins ☐ 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) 20 mg IV ONCE

■ **Moderate High Risk:** • Palonosetron (Aloxi) 0.25 mg IV ONCE **on Day 1**
• Dexamethasone (Decadron) 16 mg IV ONCE **on Day 1**

☐ **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: DiphenhydrAMINE (Benadryl) 25 mg IV ONCE prior to Eributx

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** 9/27/22 1617

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

Diagnosis: _____ **Height:** _____ **Weight:** _____ **BSA:** _____ m^2 **Allergies:** _____

Chemotherapy Treatment Regimen/Protocol: Erbitux + CARBO + 5-FU - Q3W

- **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 m^2, use BSA of _____ m^2 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.) If CARBOplatin is ordered, prescriber MUSTcalculate and specify dose in milligrams

Link to CARBOplatin AUC Calculator (Calvert)

Drug Name	Intended Dose (mg/m^2 or mg/kg or AUC)	Actual Dose (mg or units)	Route & Frequency
Cetuximab (ERBITUX)			IV ONCE on Day 1
Carboplatin (PARAplatin)	AUC = 5		in 250 mL D5W IV over 1 hr ONCE on Day 1
Actual dose of CARBOplatin must be specified in milligrams and dose is capped at 750mg			
Fluorouracil (5-FU, ADRUCIL)	1000 mg/m2		IV DAILY over 24 hrs on Days 1 - 4 (Total 4000 mg/m2 over 96 hours)

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: Click on drug for drop down list of Biosimilar products

☐ pegfilgrastim (Neulasta) 6 mg SubQ ONCE. Start 24 hours after chemotherapy on Day ____

☐ pegfilgrastim (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_____

☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 9/27/22 1617

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