PENNSTATE HERSHEY
Cancer Institute

REVISED August 2012

DCF- Upper GI q 21 days

Gastritis/Esophageal

Date written _____ To begin _____ J Clin Onc 24:4991-4997 2006

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site _____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: ☐None needed prior to first dose of chemo
   ☐Additional labs needed prior to first dose chemo:
   _____
2. Consent Obtained?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart
   ☐ No Plan: _____
3. Infusion Room General Order Set will be initiated
4. Premedications: **Hydration:** Normal Saline @ 500 ml/hr X 2 hours pre-Cisplatin
   Mannitol 12.5 grams IV over 10 minutes at start of Cisplatin
   Antiemetics: Fosaprepitant 150 mg IV 30 minutes pre-Cisplatin
   Palonosetron 0.25 mg IV push 30 minutes before chemotherapy
   Dexamethasone 12 mg PO/IV 30 minutes before chemotherapy
   Prochlorperazine 10 mg PO/IV every 6 hours prn – breakthrough nausea vomiting
5. Chemotherapy dose calculation: (calculate 100% of dose)
   Docetaxel 75 mg/m^2 = _____mg in 250 ml normal saline given IV over 1 hour every 21 days
   Cisplatin 75 mg/m^2= _____mg in 250 ml normal saline given IV over 30 minutes every 21 days
   5-Fluorouracil 750 mg/m^2 /day= _____mg given IV every 21 days as a continuous intravenous infusion on days 1-5
   (5-fluorouracil to be administered by home infusion over 120 hours)
6. Post Chemotherapy: (For each cycle, unless otherwise specified)
   Hydration: (Post-Cisplatin) Infuse D_5 ½NS with 20 mEq KCI/liter with 12.5 grams of mannitol per liter at 500ml/hr X 2 hours
7. Subsequent Doses: Patient to be seen prior to each cycle by MD, orders will be written for each.

MD/Preparer's Signature _____ Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
☐ No
☐ Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____

Cycle # (Percent dose)	_____ **( )**
Date	
Weight/BSA	
Wbc/ANC	
Hb/Hct/ Platelets	
Bun/Creat	
Pre-med decadron taken?	☐ **yes**
Docetaxel mg IV	
Cisplatin mg IV	
5-Fluorouracil mg IV, days 1-5	
MD Signature	

MR CHEMO ORDER