PENNSTATE HERSHEY
Cancer Institute

Revised April 2012

Modified Folfiri w/ Cetuximab

Date written _____ To begin _____

Protocol:
- ☐ Yes #_____
- ☐ No

Source of Drug:
- ☐ Routine supply
- ☐ Protocol supply
- ☐ Other

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

1. Laboratory Studies:
   - ☐ None needed prior to first dose of chemo
   - ☐ Additional labs needed prior to first dose chemo:_____
   - ☐ CBC, DIFF, PLT, CMP on Day #1 and 15 of each treatment. Notify MD in ANC if <1500 and plt < 100 k
   - ☐ Magnesium weekly
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:
   Antiemetics: Ondansetron 16 mg IV/PO (circle one) Decadron 20 mg IV/PO (circle one)
   Diphenhydramine 50 mg IV 30 min prior to Cetuximab ☐ Atropine 0.4 mg IV Push (Administer if box checked)
5. Chemotherapy dose calculation: (Calculate 100% Dose)
   Irinotecan 180 mg/m^2 =_____mg in 500 ml D_5W given IV over 2 hours, Days 1 and 15
   (May give Irinotecan and Leucovorin at the same time).
   Leucovorin 400 mg/m^2=_____mg in 100 ml D_5W given over 2 hours, Days 1 and 15
   5-Fluorouracil 400 mg/m^2=_____mg in 50 ml D_5W given over 10 minutes, Days 1 and 15
   5-Fluorouracil 2400 mg/m^2=_____ mg IV continuous infusion over 46 hours via infusion pump days 1 & 15
   ☐ **Bi-Weekly Cetuximab 500 mg/m^2=_____ IV over 2 hours (initial dose only), then 60 min (subsequent doses), Days 1 and 15**
   ☐ **Weekly Cetuximab ☐ 400 mg/m^2=_____ IV over 2 hours initial loading dose x 1 then**
   ☐ 250 mg/m^2=_____IV over 60 minutes weekly x 4

Patient to be seen for each cycle, 1 cycle=28 days. Cycle # _____ starting on _____ (date).

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 # / **Day**	_____ 1	_____ 8	_____ 15	_____ 22
Date				
Weight/BSA				
Wbc/ANC				
Hb/Hct				
Platelets				
Magnesium				
Irinotecan mg IV				
Leucovorin mg IV				
5-Fluorouracil mg IV (400mg/m_2) (bolus dose)				
5-Fluorouracil mg IV home infusion 2400 mg/m^2				
Cetuximab mg IV				
Growth Factors				
MD/RN Signature				

MR CHEMO ORDER