

REVISED: January 2015

Carfilzomib (Kyprolis®)

Date written _____ To begin _____

Patient's: Height _____ cm	Weight _____ kg	BSA _____ m ²	
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____		Diagnosis _____	Metastatic Site _____

1. Laboratory Studies:
 CBC, DIFF, PLT, CMP weekly, (Days 1, 8, 15)
 Call MD if ANC < 1000, Plt < 50 K, T-Bili > 2 mg/dL, Serum Creatinine > 2 mg/dL
 Additional labs needed prior to chemo: _____

 RN to record labs and other information requested on grid, and sign

Cycle # _____	Day 1	Day 2	Day 8	Day 9	Day 15	Day 16
Day						
Date						
Weight/BSA						
WBC/ANC						
Hb/Hct						
Platelets						
Creatinine						
Dose delayed or not given (reason)						
RN Signature						

2. Consent Obtained?
 Yes

3. Infusion Room General Order Set will be initiated

4. Pre-chemo:

a) Normal Saline 250 mL, infuse over 30 minutes before and after carfilzomib

b) Dexamethasone 4 mg

IV 30 minutes prior to carfilzomib

PO 30 minutes prior to carfilzomib

(recommended for all doses in cycles 1 and 2, optional thereafter)

5. Chemotherapy: Carfilzomib (select one) 20 mg/m² = _____ mg

27 mg/m² = _____ mg

in 50 ml D5W

Infuse IV over 10 minutes on Days 1, 2, 8, 9, 15, 16 every 28 days

Preparer's Signature _____ Date _____

Attending's Signature _____ Printed name _____ Pager number _____ Date _____ Time AM/PM _____



MR CHEMO ORDER