PENNSTATE HERSHEY
Cancer Institute

REVISED December 2010

CMF – I.V.

Date written _____ To begin _____

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
☐Additional labs needed prior to first dose chemo:
_____

WBC _____ Hb/Hct _____ Plt _____ Bun/Creat _____ Date of Labs _____

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: **none**
   Antiemetics: **Ondansetron, 24 mg po 30 minutes pre chemo**
   Dexamethasone, 20 mg po 30 minutes pre chemo
5. Chemotherapy (administer in the order written): (Calculate 100% of dose)
   ☐ **Cyclophosphamide 500 mg/m2 = _____ mg IV infuse over 30 min. day 1 q 21**
   ☐ **Cyclophosphamide 600 mg/m2 = _____ mg IV infuse over 30 min. day 1 q 21**
   Circle desired dose of methotrexate and 5-FU
   Methotrexate, 30 / 40 mg/m^2 = _____ mg IV day 1 q 21
   5-FU, 400 / 600 mg/m^2 = _____ mg IV day 1 q 21
6. Post Chemotherapy:
   Hydration: **none** Antiemetics: **none**
7. Subsequent Doses: Patient to be seen prior to each cycle by MD, orders will be written for each.
   (1 cycle = 1 dose)

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:
_____
_____
_____

(Percent dose)	( )
Date	
Weight/BSA	
WBC/ANC	
Hb/Hct	
Platelets	
Cyclophosphamide mg IV	
Methotrexate mg IV	
5-FU mg IV	
(Growth Factors)	
MD/RN Signature	

MR CHEMO ORDER