PENNSTATE HERSHEY
Cancer Institute

Revised: January 2014

FOLFOX 6
DAY 1

Date written _____ To begin _____

Patient's: Height_____cm Weight_____ kg BSA_____m^2
Allergies: ☐No ☐Yes: _____Diagnosis _____Metastatic Site _____

1. Laboratory Studies:
CBC, DIFF, PLT on Day #1 of each treatment.
Notify MD if ANC <1500 or PLT <100K
Additional labs needed prior to each dose chemo:_____
RN to record labs and other info requested on grid, and sign
2. Consent Obtained?
☐ Yes ☐ Preprinted Consent ☐ See Dictated Note
☐ Note in Chart

3. Infusion Room General Order Set will be initiated
4. Premedications: Default is PO
Ondansetron 16 mg IV / PO (circle route)
Dexamethasone 20 mg IV / PO (circle route)
_____
_____

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Dose delayed or not given (reason)		
RN Signature		

5. Chemotherapy dose calculation:
Oxaliplatin ☐ Full dose: 100 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 500 ml D5W over 2 hours, Day 1
(Only compatible with dextrose containing solutions. Flush line with D5W before and after completion of oxaliplatin. Avoid saline)

Leucovorin ☐ Full dose: 400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 100 ml D5W over 2 hours, Day 1
(Infuse with oxaliplatin via separate lines)

5-Fluorouracil ☐ Full dose: 400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 50 ml D5W over 15 min, Day 1

5-Fluorouracil ☐ Full dose: 2400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV continuous infusion over 46 hours, Day1 via infusion pump.

6. Post-chemotherapy:
Growth factors: ☐ None
☐ pegfilgrastim 6 mg given subcutaneously day 2 or 3 post chemo

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER

PENNSTATE HERSHEY
Cancer Institute

Revised: January 2014

FOLFOX 6
DAY 15

Date written _____ To begin _____

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

1. Laboratory Studies:
CBC, DIFF, PLT on Day #15 of each treatment.
Notify MD if ANC <1500 or PLT <100K
Additional labs needed prior to each dose chemo:_____
RN to record labs and other info requested on grid, and sign
2. Consent Obtained?
☐ Yes ☐ Preprinted Consent ☐ See Dictated Note
☐ Note in Chart
3. Infusion Room General Order Set will be initiated
4. Premedications: Default is PO
Ondansetron 16 mg IV / PO (circle route)
Dexamethasone 20 mg IV / PO (circle route)
_____
_____

Cycle # _____ of _____ Planned

		If chemo delayed
Day	15	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Dose delayed or not given (reason)		
RN Signature		

5. Chemotherapy dose calculation:

Oxaliplatin ☐ Full dose: 100 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 500 ml D5W over 2 hours, Day 15
(Only compatible with dextrose containing solutions. Flush line with D5W before and after completion of oxaliplatin. Avoid saline)

Leucovorin ☐ Full dose: 400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 100 ml D5W over 2 hours, Day 15
(Infuse with oxaliplatin via separate lines)

5-Fluorouracil ☐ Full dose: 400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 50 ml D5W over 15 min, Day 15

5-Fluorouracil ☐ Full dose: 2400 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV continuous infusion over 46 hours, Day15 via infusion pump.

6. Post-chemotherapy:

Growth factors: ☐ None
☐ pegfilgrastim 6 mg given subcutaneously day 18 or 19 post chemo

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER