PENNSTATE HERSHEY
Cancer Institute

REVISED December 2010

CMF - CLASSIC

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 100 mg/m^2 = _____ mg orally day 1-14 each cycle.
   Circle desired dose of methotrexate and 5-FU
   Methotrexate, 30 / 40 mg/m^2 = _____ mg IV day 1 and 8 of each cycle, give over 30 minutes
   5-FU, 400 / 500 / 600 mg/m^2 = _____ mg IV day 1 and 8 of each cycle, give over 30 minutes
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.

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 (Percent Dose)	**Day 1** ( )	**Day 8** ( )
Date		
OOS #		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Cyclophosphamide mg po day 1 - 14		
Methotrexate mg IV		
5-FU mg IV		
(Growth Factors)		
MD/RN Signature		

MR CHEMO ORDER