

(ECF) Epirubicin, Cisplatin, Fluorouracil (5FU) REVISED August 2012 Date written ______ To begin ______ Protocol: □Yes #____ Patient's: Height cm Weight___kg BSA___m² □ No Allergies:

No

Yes:

Metastatic Site Source of Drug: ■Routine supply 1. Laboratory Studies:

None needed prior to first dose of chemo □Protocol supply □ Additional labs needed prior to first dose chemo: **□**Other 2. Consent Obtained? ☐ Yes ☐ Preprinted Consent ■ See Dictated Note ■ Note in Chart ■ No Plan: _____ 3. Infusion Room General Order Set will be initiated **Hvdration:** 4. Premedications: 1 liter D₅ ½ NS with 20 mEq KCL over 1 hour pre-Cisplatin Mannitol 12.5 mg IV over 10 minutes at start of Cisplatin Palonosetron 0.25 mg IV push before chemotherapy **Antiemetics**: Dexamethasone 20 mg PO/IV 30 minutes before chemotherapy Prochlorperazine 10 mg PO/IV every 6 hours prn – breakthrough nausea /vomiting 5. Chemotherapy dose calculation: (Calculate 100% of dose) Epirubicin 50 mg/m² = _____mg given IV push every on Day 1 Cisplatin 60 mg/m²= mg given IV every on Day 1
Fluorouracil 200 mg/m²/day= mg given IV continuous infusion (Day 1-21) (**Fluorouracil** To be administered by home infusion) 6. Post Chemotherapy: (For each cycle)1 liter D₅ ½ NS with 20 mEq KCL & 12.5 mg Mannitol over 1 hour post-Cisplatin 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 Cvcle # (Percent dose) Does dose to be given vary from calculated Date 100% dose? Weight/BSA □ No Wbc/ANC □ Yes Give % of full dose. Hb/Hct This should be the dose written in the **Platelets** Bun/Creat Reason: Epirubicin mg Cisplatin mg Planned events for next cycle: 5FU Day mg

(Growth Factors)
MD/RN
Signature

