



CHEMOTHERAPY ORDERS

Laura Acosta
MR 715933
Patient Label

TO BE COMPLETED BY PHYSICIAN:

Date Written: 11/4/19 Patient Name: Acosta Laura DOB: 10/19/1949

Diagnosis: Gastric CA Date of Administration: 11/6/2019

Protocol/Regimen: FOLFIR 2 weeks
with progression + herceptin/neulasta

TNM Stage: Allergies: ☐ NKDA
Cycle of Day: PEN

Venous Access: ☐ Peripheral ☒ Central

Height: 60 in Weight: 134 lbs ☒ Actual ☐ Ideal ☐ Adjusted ☐ Dosing
Body Surface Area (m²): 1.58 Emetic Level: ☐ Minimal ☐ Moderate ☐ High

Lab Orders: ☒ CBC/DIFF ☒ BMP ☒ Magnesium ☐ UA Week 1/2/3/4

Hold Parameters: ANC less than: 500 WBC less than: PLT less than: 100K High/Hct less than: 7g% Scr greater than: 1.4

Non-chemotherapy orders: RPh initials / Nurse initials

☐ IV Fluids: NS @ KVO (20 mL/hr)

Zofran 16mg IV

Dexamethasone 10mg IV

Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to nearest vial size if within 5% of calculated dose. Biological agents will be rounded down to the nearest vial size if within 10% of calculated dose. Please administer chemotherapy in sequence listed below.

| Chemotherapy | Dose per Unit (m ² , kg, AUC) | Dose Reduction* (mg/m ² , mg/kg, AUC) | Calculated Dose | Dose Dispensed (Rounding to be completed by RPh) | Route | Infusion Rate | RPh / Nurse initials |
|--------------|--|--|-----------------|--|-------|---------------|----------------------|
| Fluorouracil | 2400mg/m ² over 46hrs | | 3792mg | | | | |
| Fluorouracil | 400mg/m ² | | 632mg | | | | |
| Leucovorin | 400mg/m ² | | 632mg | | | | |
| Oxaliplatin | 85mg/m ² | | 134mg | | | | |

*If using a dose reduction, please provide rationale:

MD Name (Print) Dr. Marcelino MD Signature: [Signature] Date/Time 11/4/19

RN Name (Print) RN Signature: [Signature] Date/Time

RPh Name (Print) RPh Signature: [Signature] Date/Time