PHYSICIAN ORDERS

CHEMOTHERAPY: OXALIPLATIN + LEUCOVORIN + FLUOROURACIL (mFOLFOX6) (Every 2 weeks)

PRIMARY DIAGNOSIS: ☐ Metastatic Colorectal Cancer ☐ Gastric Cancer ☐ Other*: 

* When selecting other diagnosis please provide protocol

ALLERGIES/REACTIONS:

Goal of Chemotherapy: ☐ Curative ☐ Palliative ☐ Neoadjuvant ☐ Adjuvant

MD to indicate which weight to use: ☐ Actual ☐ Ideal ☐ Adjusted

HEIGHT (cm): ACTUAL WEIGHT (kg): and BSA (m²): IDEAL WEIGHT (kg): and BSA (m²): ADJUSTED WEIGHT (kg): and BSA (m²):

Dosing calculations to be completed by Pharmacist:

<table>
<thead>
<tr>
<th>CHEMOTHERAPY MEDICATION ORDERS</th>
<th>DOSE (mg/m²)</th>
<th>BSA (m²)</th>
<th>DOSE TO BE GIVEN</th>
<th>ROUTE</th>
<th>INFUSE OVER</th>
<th>DATE(S) AND FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium gluconate 1 g and magnesium sulfate 1 g in 250 ml D5W infused over 1 hour prior to oxaliplatin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxaliplatin (in D5W 500 ml only – incompatible with 0.9% sodium chloride)</td>
<td>85 mg/m² or _____ mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>2 hours</td>
<td>Day 1</td>
</tr>
<tr>
<td>Leucovorin (in D5W) Administer concurrently with Oxaliplatin</td>
<td>400 mg/m² or _____ mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>2 hours</td>
<td>Day 1</td>
</tr>
<tr>
<td>Fluorouracil</td>
<td>400 mg/m² or _____ mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>20 minutes</td>
<td>Day 1</td>
</tr>
<tr>
<td>Fluorouracil</td>
<td>2.4 g/m² or _____ g/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>46 hours</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

CONTINUOUS IV CHEMOTHERAPY: MAY INCREASE RATE BY TO KEEP WITHIN 46 HOUR DOSE. PATIENT MAY BE OFF CONTINUOUS IV CHEMOTHERAPY NO LONGER THAN 30 MINUTES/24 HOURS.

<table>
<thead>
<tr>
<th>HYDRATION ORDERS</th>
<th>HYDRATION SOLUTION</th>
<th>ADDITIVES</th>
<th>RATE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE CHEMOTHERAPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING CHEMOTHERAPY</td>
<td>Oxaliplatin not compatible with 0.9% sodium chloride</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER IV THERAPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOLD CHEMOTHERAPY FOR THE FOLLOWING REASONS:

Absolute Neutrophil Count (ANC) Less Than (typically less than 1,000)
Platelets Less Than (typically less than 100,000)
Other

Physician initial:

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Franciscan Health System
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Elizabeth Hospital, Gig Harbor, WA

PHYSICIAN ORDERS
CHEMOTHERAPY: OXALIPLATIN + LEUCOVORIN + FLUOROURACIL (mFOLFOX6)
PHARMACY TO MANAGE ANTIEMETICS

<table>
<thead>
<tr>
<th>ANTIEMETIC ORDERS/DRUG NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ondansetron</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1)</td>
<td></td>
</tr>
<tr>
<td>24 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1) THEN</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td></td>
<td>Daily (Days 2-4)</td>
</tr>
<tr>
<td>Fosaprepitant (optional)</td>
<td>150 mg</td>
<td>IV</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td>Dexamethasone (with fosaprepitant)</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1) THEN</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td></td>
<td>Daily (Day 2) THEN twice daily (Day 3-4)</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose PRN anxiety</td>
</tr>
</tbody>
</table>

PRN ANTIEMETICS (FOR INPATIENT USE)

NOTE: Number the antiemetics below in the order to be used. The nurse will select #1 as the first medication to be given and may alternate #2. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

<table>
<thead>
<tr>
<th>Antiemetic</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>IV</td>
<td>Every 4 hours PRN nausea/vomiting/anxiety</td>
</tr>
<tr>
<td>Promethazine</td>
<td>12.5-25 mg or 6.25-12.5 mg**</td>
<td>IV</td>
<td>Every 4 hours PRN nausea/vomiting</td>
</tr>
</tbody>
</table>

Outpatient Prescription(s): (for outpatients or early discharge)

**For patients greater than 65 years old

TESTS:
- MUGA Scan
- ECG
- Other

INPATIENT LABS
- NOW:
  - CBC
  - BMP
  - CMP
  - Other
- DAILY:
  - CBC
  - BMP
  - CMP
  - Other

OUTPATIENT LABS:
- BEFORE EACH CYCLE:
  - CBC
  - BMP
  - CMP
  - Other
- WEEKLY:
  - CBC
  - BMP
  - CMP
  - Other

OTHER LABS AND FREQUENCY:
- Urine Output: If urine output is less than__________ give__________ times__________ days
- Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
- Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Protocol #788
- Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858
- For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

MEDICATIONS:
- Allopurinol 300 mg PO every day
- Other:

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

DATE TIME PHARMACIST’S SIGNATURE

DATE TIME PHYSICIAN’S SIGNATURE

Another brand of drug, identical in form and content, may be dispensed unless checked. □