NOTE: MUST COORDINATE ORDERING OF MEDICATION WITH THE PHARMACY DEPARTMENT.
TURN-AROUND TIME TO OBTAIN CETUXIMAB (ERBITUX) IS 24 – 48 HOURS.

1. ALLERGIES/REACTIONS:________________________________________________________________________

2. CANCER DIAGNOSIS:
   ☐ Metastatic colorectal
   ☐ Head and Neck
   ☐ Other (provide protocol): ____________________________________________________________________

3. Height:__________________cm   Actual Weight:__________________kg   BSA ________________m2

4. BASELINE MONITORING:
   Blood pressure:______________ mmHg

5. LABS:
   ☒ Pre-Cetuximab (Erbitux): BMP, Magnesium   ☐ Repeat in AM

6. PRE-MEDICATION: Administer 60 minutes prior to cetuximab (Erbitux) infusion
   ☒ Diphenhydramine (Benadryl) 50 mg PO
   ☒ Dexamethasone (Decadron) 8 mg PO
   ☒ Famotidine (Pepcid) 20 mg PO
   ☐ May give these medications IV or through feeding tube if patient unable to tolerate PO
     (Pharmacy to coordinate with patient and/or nurse)

7. CETUXIMAB (ERBITUX) ADMINISTRATION:
   A. FIRST DOSE:
      400 mg/m² times ______BSA = ______________mg IV over 2 hours
   B. SUBSEQUENT DOSES:
      250 mg/m² times ______BSA = ______________mg IV over 1 hour every week
   C. DO NOT administer as an IV push or bolus
   D. Do not infuse dextrose or other medications into the IV line with cetuximab (Erbitux)

8. VITAL SIGNS:
   A. Pre infusion, every 15 minutes during infusion, and at 30 and 60 minutes post infusion
   B. Call physician if: Systolic blood pressure greater than______________ mmHg
      Pulse greater than___________________________
      Temperature greater than 38° C

9. FOR HYPOMAGNESEMIA:
   ☒ Magnesium level 1.4-1.7 mg/dL: Administer Magnesium sulfate 2 g IV over 30 minutes
   ☐ Magnesium level less than 1.4 mg/dL: Administer Magnesium sulfate 4 g IV over 1 hour

10. ☐ For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774
    • If mild infusion reaction occurs the infusion may be resumed at one-half the previous rate upon improvement of
      patient symptoms

11. ☐ Nurse May Initiate CVAD Management Per Nursing Protocol #910.00

12. ☐ Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Procedure #788

13. ☐ Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858

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

DATE                   TIME  PHYSICIAN’S SIGNATURE

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