**PHYSICIAN ORDERS**

**CHEMOTHERAPY: IRINOTECAN + LEUCOVORIN + FLUOROURACIL (FOLFIRI) (Every 2 weeks)**

**DATE TO BE GIVEN:**

**CYCLE:**

**REGIMEN / PROTOCOL:** IRINOTECAN + LEUCOVORIN + FLUOROURACIL (FOLFIRI) (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

<table>
<thead>
<tr>
<th>HEIGHT (cm)</th>
<th>ACTUAL WEIGHT (kg): and BSA (m²):</th>
<th>IDEAL WEIGHT (kg): and BSA (m²):</th>
<th>ADJUSTED WEIGHT (kg): and BSA (m²):</th>
</tr>
</thead>
</table>

**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>In order of administration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irinotecan</td>
<td>180 mg/m² or</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>90 minutes</td>
<td>Day 1</td>
</tr>
<tr>
<td>(in D5W 500 ml)</td>
<td>___mg/m²</td>
<td>=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leucovorin</td>
<td>400 mg/m² or</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>2 hours</td>
<td>Day 1</td>
</tr>
<tr>
<td>(in D5W 250 ml)</td>
<td>___mg/m²</td>
<td>=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer concurrently with Irinotecan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluorouracil</td>
<td>400 mg/m² or</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>20 minutes</td>
<td>Day 1</td>
</tr>
<tr>
<td>(in D5W 100 ml)</td>
<td>___mg/m²</td>
<td>=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluorouracil</td>
<td>2.4 g/m² or</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>46 hours</td>
<td>Day 1</td>
</tr>
<tr>
<td>(in D5W 1000 ml)</td>
<td>___g/m²</td>
<td>=</td>
<td></td>
<td></td>
<td></td>
<td></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.

**HYDRATION ORDERS**

<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></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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(09/18/12)
Revision K

**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. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**

CHEMOTHERAPY: IRINOTECAN + LEUCOVORIN + FLUOROURACIL (FOLFIRI)
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>16 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td></td>
<td>24 mg</td>
<td>PO</td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>PO</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)</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>PO</td>
<td>Daily (Day 2) THEN twice daily (Days 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.

| Lorazepam | 0.5-1 mg | IV | Every 4 hours PRN nausea/vomiting/anxiety |
| Promethazine | 12.5-25 mg or 6.25-12.5 mg** | IV | Every 4 hours PRN nausea/vomiting |

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 given 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
- Atropine 0.4 mg IV 1 time prior to Irinotecan
- Atropine 0.8 mg IV 1 time prior to Irinotecan
- Other:

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

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