

## Chemotherapy Orders FOLFIRI (Irinotecan, 5-FU Infusion, Leucovorin)

**Date chemotherapy to be given:** \_\_\_\_\_

<b>Weight:</b> _____	<input type="checkbox"/> lbs.	<input type="checkbox"/> kg	<b>Height:</b> _____	<input type="checkbox"/> inches	<input type="checkbox"/> cm
	<input type="checkbox"/> actual	<input type="checkbox"/> ideal			
<b>BSA</b> used for calculations: _____m <sup>2</sup>					

<p><b>For cycle 2 and subsequent cycles</b>, are doses identical to previous cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, indicate reason for adjustment: _____</p>
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<p><b>Treat only if:</b> WBC ≥ _____ ANC ≥ _____ Platelets ≥ _____</p> <p>Other _____</p>
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<p><b>Premedicate: 30-60 minutes prior to chemotherapy with</b></p> <p>Anzemet _____ mg IVP or Zofran _____ mg IVPB</p> <p>Decadron _____ mg slow IVP or in _____ cc NS or _____ over 30 minutes</p> <p>Other _____</p> <ol style="list-style-type: none"> <li>1. <b>Camptosar (Irinotecan)</b> _____ mg/m<sup>2</sup> (<i>usual dose 180mg/m<sup>2</sup></i>) X _____ m<sup>2</sup> = _____ mg in _____ cc NS or _____ IV over 90 minutes</li> <li>2. <b>Leucovorin</b> _____ mg/m<sup>2</sup> (<i>usual dose 400 mg/m<sup>2</sup></i>) X _____ m<sup>2</sup> = _____ mg in _____ cc NS or _____ IV over 2 hours. May infuse with Irinotecan.</li> <li>3. <b>5-FU</b> _____ mg/m<sup>2</sup> (<i>usual dose 400 mg/m<sup>2</sup></i>) X _____ m<sup>2</sup> = _____ mg by IV push immediately following Leucovorin.</li> <li>4. Then administer <b>5-FU</b> _____ mg/m<sup>2</sup> (<i>usual dose 2400 mg/m<sup>2</sup></i>) X _____ m<sup>2</sup> = _____ mg in _____ cc NS or _____ by continuous IV infusion over 46-48 hours.</li> </ol>
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**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_