

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

Date chemotherapy to be given: _____

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

<p>For cycle 2 and subsequent cycles, 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>Treat only if: WBC ≥ _____ ANC ≥ _____ Platelets ≥ _____</p> <p>Other _____</p>

<p>Premedicate: 30-60 minutes prior to chemotherapy with</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"> 1. Camptosar (Irinotecan) _____ mg/m² (<i>usual dose 180mg/m²</i>) X _____ m² = _____ mg in _____ cc NS or _____ IV over 90 minutes 2. Leucovorin _____ mg/m² (<i>usual dose 400 mg/m²</i>) X _____ m² = _____ mg in _____ cc NS or _____ IV over 2 hours. May infuse with Irinotecan. 3. 5-FU _____ mg/m² (<i>usual dose 400 mg/m²</i>) X _____ m² = _____ mg by IV push immediately following Leucovorin. 4. Then administer 5-FU _____ mg/m² (<i>usual dose 2400 mg/m²</i>) X _____ m² = _____ mg in _____ cc NS or _____ by continuous IV infusion over 46-48 hours.

Physician Signature: _____ **Date:** _____