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

Date chemotherapy to be given: ________________

Weight: ___________  □ lbs.  □ kg  Height: ___________  □ inches  □ cm  
BSA used for calculations: _________m²

For cycle 2 and subsequent cycles, are doses identical to previous cycle?  □ Yes  □ No
If no, indicate reason for adjustment: ________________________________

Treat only if:  WBC ≥ ___________  ANC ≥ ___________  Platelets ≥ ___________
Other ________________________________

Premedicate: 30-60 minutes prior to chemotherapy with
Anzemet _________ mg IVP or Zofran _________mg IVPB
Decadron _________ mg slow IVP or in _________cc NS or _________over 30 minutes
Other ________________________________

1. Camptosar (Irinotecan) _________mg/m² (usual dose 180mg/m²) X _________m² =
   _________mg in _________cc NS or _________IV over 90 minutes

2. Leucovorin _________mg/m² (usual dose 400 mg/m²) X _________m² =
   _________mg in _________cc NS or _________IV over 2 hours. May infuse with Irinotecan.

3. 5-FU _________mg/m² (usual dose 400 mg/m²) X _________m² =
   _________mg by IV push immediately following Leucovorin.

4. Then administer 5-FU _________mg/m² (usual dose 2400 mg/m²) X _________m² =
   _________mg in _________cc NS or _________by continuous IV infusion over
   46-48 hours.

Physician Signature: ______________________________________  Date: ___________