attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: FOLFOX 6

Diagnosis : colorectal cancer

Height: _____cm	Weight: _____kg		Cycle: _____ Of :_____
Actual BSA:_____m2	Treatment BSA:_____m2		Day/Wk:_____ Freq: q 14 days
Allergies:	[ ] No known allergies		
[ ]Medication allergy(s):_____			
[ ] Latex allergy	[ ]Other:		

Patient Care		
[ ]	Nursing Communication	T;N, Do not exceed a treatment BSA of _____ m2
[ ]	Nursing Communication	T;N, May hold hydration during chemotherapy infusion
[ ]	Nursing Communication	T;N, No ice or cold food/beverages for 48 hours after oxaliplatin infusion. After 48 hours may advance as tolerated
Medications		
Note : Choose all the below orders to be administered prior to oxaliplatin and after completion of oxaliplatin		
[ ]	calcium gluconate	1 g, Injection, IV Piggyback, once, Comment : Give prior to oxaliplatin on DAY 1 only
[ ]	calcium gluconate	1 g, Injection, IV Piggyback, once, Comment : Give after oxaliplatin on DAY 1 only
[ ]	magnesium sulfate	1 g, Injection, IV Piggyback, once, Comment : Give prior to oxaliplatin on DAY 1 only
[ ]	magnesium sulfate	1 g, Injection, IV Piggyback, once, Comment : Give after oxaliplatin on DAY 1 only

CHEMOTHERAPY

	Drug(generic) & solution (optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
[X]	**oxaliplatin (in D5W)**	**85 mg/m^2**		**IV Piggyback, Infuse over 2 hours, ONCE on DAY 1**
[X]	**leucovorin(In D5W)**	**400 mg/m^2**		**IV Piggyback, Infuse over 2 hours, May infuse with oxaliplatin, ONCE on DAY 1**
[X]	**fluorouracil**	**400 mg/m^2**		**IV Push, over 5 min, ONCE on DAY 1**
[X]	**fluorouracil**	**1200 mg/m^2 per day**		**Continuous Infusion, Infuse over 24 hours, Once on DAYS 1 and 2**

NOTE: Administer intial doses at least 30-60 minutes prior to chemotherapy		
[X]	ondansetron	12 mg, Injection, IV Piggyback, qDay, DAY 1
[X]	dexamethasone	12 mg, Injection, IV Piggyback, qDay, DAY 1
[X]	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
[X]	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting

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Order Set: FOLFOX 6

Diagnosis : colorectal cancer

Delayed Emesis Prophylaxis		
NOTE: Start on Day _____		
[ ]	dexamethasone	8 mg, Tab, PO, bid, for 2 days Comment: Day 1 and 2 of delayed emesis prophylaxis
[ ]	dexamethasone	4 mg, Tab, PO, bid, for 2 days, Comment: Day 3 and 4 of delayed emesis prophylaxis
[ ]	dexamethasone	Dose: _____ mg, Tab, PO, Frequency:_____, Duration: _____
[ ]	ondansetron	Dose: _____ mg, Tab, PO, Frequency:_____, Duration: _____
[ ]	metoclopramide	Dose: _____ mg, Tab, PO, Frequency:_____, Duration: _____
[ ]	prochlorperazine	Dose: _____ mg, Tab, PO, Frequency:_____, Duration: _____
Consults/Notifications		
[ ]	Notify Physician- Once	T;N, Who: _____, For: if BSA exceeds 2 m^2

_____ _____ _____ _____

Date **Time** **Physician's Signature** **MD Number**