

FOLFOX CHEMOTHERAPY ORDER SET FOR OUTPATIENT CANCER CENTER
Pharmacy and Therapeutics Committee

Diagnosis: _____

Height: _____ cm Weight: _____ kg
 Dosing Weight (insert if different from actual) Ideal Adjusted
 BSA: _____

1. Laboratory Orders: _____

2. Pre/Post Hydration Orders: _____

3. Pre-Meds:

Dexamethasone (Decadron) _____ mg IV / by mouth (*circle one route*)
 Ondansetron (Zofran) _____ mg IV / by mouth (*circle one route*)
 Palonosetron (Aloxi) _____ mg IV
 Other: _____

4. Chemotherapy Orders:

Preconditional (if any): _____

Oxaliplatin (Eloxatin) _____ mg IVBP over 2 hours

Leucovorin _____ mg IVPB over 2 hours

Infuse Oxaliplatin (Eloxatin) and Leucovorin in separate bags at the same time using a Y- line. Once Oxaliplatin (Eloxatin) and Leucovorin are infused then proceed with:

Fluorouracil (Adrucil) _____ mg IV bolus over 2-4 minutes

Therapy to begin on _____
Regimen repeated every 2 weeks for _____ cycle (1 cycle = Day 1 and Day 15)

5. Hematopoietic Agents: _____

6. Additional Orders: _____

Date: _____ Time: _____ Signature: _____

Pharmacy and Therapeutics Committee

Retreatment Schedule	Nurse Initials	Date	Retreatment Schedule	Nurse Initials	Date
Cycle Day			Cycle Date		
Cycle Day			Cycle Date		
Cycle Day			Cycle Date		
Cycle Date			Cycle Date		