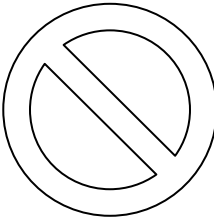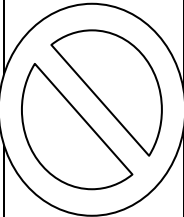Fill 2 copies of these prescription sheets every time the patient comes to hospital. Keep a copy in the case note and give one to the patient as personal record

IV Chemotherapy Pre-Order and Prescription Form   Sheet No:

Date:	**FOLFIRI**		Hospital No:	
			Surname:	
No. of Cycles patient should get =	Irinotecan 180mg/m2; Leucovorin 400mg/m2 day 1; Fluorouracil 400mg/m2 day 1 followed by 600 mg over 22 hours. Repeat Leucovorin and FU as prescribed on day 2 **Treatment is given every 2 weeks**		First Name: Age: Sex:	
Diagnostic Group	COLON and RECTUM	Clinic/ Ward	Height	cm
Stage		Consultant	Weight	Kg
Status			BSA	m2

Date Required	Drugs	Dose	Vol., Route & Duration	Date Required	Drugs	Dose	Vol., Route & Duration
Day 1 **FBC** PCV = WBC = PLAT =	**Irinotecan** Please circle choice of dose- *State reason for using unlisted dose below*	240mg + 10mg 260mg 280mg 300mg 320mg Other	IV infusion over 60 minutes	**Day 2**	⊘	⊘	IV Infusion to match the duration of irinotecan
	Leucovorin Please circle choice of dose- *State reason for using unlisted dose*	600mg 700mg + 50mg 800mg 900mg Other	IV Infusion to match the duration of irinotecan		**Leucovorin** Please circle choice of drug- *State reason for using unlisted dose*	600mg 700mg + 50mg 800mg 900mg Other	
	Fluorouracil Please circle choice of dose- *Reason for using unlisted dose*	600mg 700mg 800mg + 50mg 900mg 1000mg Other	BOLUS		**Fluorouracil** Please circle choice of dose- *Reason for using unlisted dose*	600mg 700mg 800mg + 50mg 900mg 1000mg Other	BOLUS
	Fluorouracil Please circle choice of dose- *Reason for using unlisted dose*	800mg 900mg 1000mg + 50mg 1100mg 1200mg Other	INFUSION OVER 22 HOURS		**Fluorouracil** Please circle choice of dose- *Reason for using unlisted dose*	800mg 900mg 1000mg + 50mg 1100mg 1200mg Other	INFUSION OVER 22 HOURS

If Bevacizumab is prescribed, dilute 5mg/kg = _____ in 100 ml of Normal Saline and infuse over 90 minutes; after giving other chemotherapy; every 2 weeks

Sign the appropriate box below on day of treatment to indicate what should be done

Give treatment as prescribed	Dose has changed – see new prescription	Stop all Treatment	Give treatment as prescribed	Dose has changed – see new prescription	Stop all Treatment
Defer treatment until (insert Date)	Change of Treatment		Defer Until (insert Date)	Change of Treatment	

Indicate anti-emetics if any below

Version date: Sunday, June 17, 2007