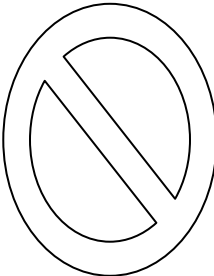
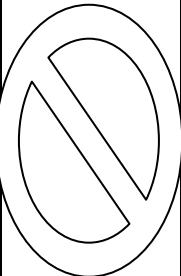


Fill 2 copies of these prescription sheets every time the patient comes to hospital. Keep a copy in the case note and give one to the patient as personal record

**IV Chemotherapy Pre-Order and Prescription Form**

**Sheet No:**

<b>Date:</b>		<b>FOLFOX4</b>		<b>Hospital No:</b>	
<b>No. of Cycles patient should get =</b>	Oxaliplatin 85mg/m <sup>2</sup> ; Leucovorin 200mg/m <sup>2</sup> day 1; Fluorouracil 400mg/m <sup>2</sup> day 1 followed by 600 mg over 22 hours. Repeat Leucovorin and FU as prescribed on day 2 <b>Treatment is given every 2 weeks</b>			<b>Surname:</b>	<b>Sex:</b>
				<b>First Name:</b>	
<b>Diagnostic Group</b>	COLON and RECTUM	<b>Clinic/ Ward</b>		<b>Height</b>	cm
<b>Stage</b>		<b>Consultant</b>		<b>Weight</b>	Kg
<b>Status</b>				<b>BSA</b>	m <sup>2</sup>

Date Required	Drugs	Dose	Vol., Route & Duration	Date Required	Drugs	Dose	Vol., Route & Duration
<b>Day 1</b>	<b>Oxaliplatin</b> Please circle choice of dose-	110mg 120mg 130mg + 5mg 140mg 150mg 160mg 170mg Other	IV over 2 hours	<b>Day 2</b>	 		
<b>FBC</b>	State reason for using unlisted dose below		IV Infusion over 2 hours		<b>Leucovorin</b> Please circle choice of drug-	300mg 350mg + 25mg 400mg 450mg Other	IV infusion over 2 hours
<b>PCV =</b>							
<b>WBC =</b>							
<b>PLAT =</b>	<b>Leucovorin</b> Please circle choice of dose-	300mg 350mg + 25mg 400mg 450mg Other	BOLUS		<b>Fluorouracil</b> Please circle choice of dose-	600mg 700mg 800mg + 50mg 900mg 1000mg Other	BOLUS
	Reason for using unlisted dose				Reason for using unlisted dose		
	<b>Fluorouracil</b> Please circle choice of dose-	800mg 900mg 1000mg + 50mg 1100mg 1200mg Other	INFUSION OVER 22 HOURS		<b>Fluorouracil</b> Please circle choice of dose-	800mg 900mg 1000mg + 50mg 1100mg 1200mg Other	INFUSION OVER 22 HOURS
	Reason for using unlisted dose				Reason for using unlisted dose		

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**