

Doctor's Order Sheet  
PANitumumab Regimen:  
**PANitumumab**  
Adult Chemotherapy- Medical Oncology  
Metastatic Colorectal Carcinoma



CC1580 0029 06 2017

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Body Surface Area (BSA) = \_\_\_\_\_

**Allergies:**

☐ No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY

Cycle \_\_\_\_\_ of \_\_\_\_\_ Cycle Duration: **14 days** Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to**  $1.5 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFT's and Bilirubin; Electrolytes, magnesium and calcium assessed.

**PREMEDICATIONS:** magnesium level \_\_\_\_\_

☐ **Magnesium Sulfate 2G** IV in 250 mL NS over 60 minutes for hypomagnesemia **OR**

☐ **Magnesium Sulfate 4G** IV in 1000 mL NS over 3 hours for hypomagnesemia

☐ **Other** \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

☐ **PANitumumab 6 mg/kg** X weight (kg) = \_\_\_\_\_ mg IV in 100 mL NS (Total volume)  
over 60 minutes on Day 1 (Use 0.22 micron in-line filter)  
(150 mL total volume over 90 minutes if dose greater than 1000 mg)

☐ **Dose Modification: 4.5 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 100 mL NS (Total volume)  
over 60 minutes (Use 0.22 micron in-line filter) **OR**

☐ **Dose Modification: 3 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 100 mL NS (Total volume)  
over 60 minutes (Use 0.22 micron in-line filter)

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT; PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION. USER WILL BE SOLELY RESPONSIBLE FOR VERIFYING ITS CURRENCY AND ACCURACY.