

Doctor's Order Sheet  
ECX Regimen:  
**CISplatin – EpiRUBicin -  
Capecitabine (Part I)**  
Adult Chemotherapy- Medical Oncology  
Perioperative / Advanced Gastric or  
Esophagogastric Cancer Therapy



CC1380 0009 06 2017

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

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

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

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle      of      **Cycle Duration: 21 days**

Date of previous cycle: DD/MONTH/YYYY

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

- ANC **greater than or equal to**  $1.5 \times 10^9/L$ , platelets **greater than or equal to**  $100 \times 10^9/L$ , Creatinine Clearance **greater than or equal to** 60 mL/minute, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.

**PREMEDICATIONS:**

Fosaprepitant 150 mg IV in 150 mLs Normal Saline over 30 minutes on Day 1

Dexamethasone 12 mg PO

Ondansetron 16 mg PO

Other: \_\_\_\_\_

**HYDRATION/SUPPORTIVE CARE**

Normal Saline 1000 mLs IV pre-chemotherapy over 120 minutes

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.



Doctor's Order Sheet  
ECX Regimen:  
**CISplatin – EpiRUBicin –  
Capecitabine (Part II)**

Adult Chemotherapy- Medical Oncology  
Perioperative / Advanced Gastric or  
Esophagogastric Cancer Therapy



CC1380 0009 06 2017

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

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

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

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- CISplatin 60 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg + mannitol 25 grams IV** in 500 mLs Normal Saline infused at 1 mg/min on Day 1
- Dose modification: 60 mg/m<sup>2</sup> X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg + mannitol 25 grams IV** in 500 mLs Normal Saline infused at 1 mg/min on Day 1
  
- EpiRUBicin 50 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg IV push** on Day 1
- Dose modification: 50 mg/m<sup>2</sup> X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg IV push** on Day 1

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

- Capecitabine 625 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg PO bid** with food on Days 1 to 21
  - Dose modification: 625 mg/m<sup>2</sup> X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg PO bid** with food on Days 1 to 21
- This prescription is NOT eligible for medication management by a pharmacist.

**HYDRATION/SUPPORTIVE CARE**

- Normal Saline 1000 mLs IV with Magnesium Sulfate 2 grams & Potassium Chloride 20 mEq** post-chemotherapy over 120 minutes

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

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

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

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

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