CANCERCare
A PROGRAM OF EASTERN HEALTH
Cancer Care Program

Doctor's Order Sheet

FUFA Regimen (425/20-Days 1-5): Fluorouracil-Leucovorin

Adult Chemotherapy- Medical Oncology

Metastatic Colorectal Cancer

CC1310 0002 06 2016

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: 28 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10^9/L and platelets **greater than or equal to** 100 X 10^9/L, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed if clinically indicated.
- Creatinine clearance assessed if clinically indicated.

PREMEDICATIONS:

☐ **Metoclopramide 10 mg PO**

☐ Other: _____

CHEMOTHERAPY:

☐ **Leucovorin 20 mg/m^2** X BSA= _____mg IV push on days 1-5

☐ **Fluorouracil 425 mg/m^2** X BSA= _____mg IV push on days 1-5

☐ Dose modification: **425 mg/m^2** X BSA - _____% = _____mg IV push on days 1-5

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____