

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



CC1400 0011 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: 21 days**

Date of previous cycle: DD/MONTH/YYYY

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

- ANC **greater than or equal to**  $1.2 \times 10^9/L$  and platelets **greater than or equal to**  $75 \times 10^9/L$ ,  
Creatinine Clearance **greater than** 50 mL/minute, otherwise notify Medical Oncologist
- LFT's and Bilirubin assessed

**PREMEDICATIONS:**

☐ Ondansetron 8 mg PO

☐ Dexamethasone 8 mg PO

☐ Other Medications: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

☐ Oxaliplatin  $130 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg IV in 500 mL D5W over 120 minutes on Day 1

☐ Dose modification:  $130 \text{ mg/m}^2 \times \text{BSA} -$  \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 500 mL D5W over 120 minutes on Day 1  
(for **Doses less than or equal to 104 mg**, use 250 mL D5W)

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY)**

☐ Capecitabine  $1000 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg PO bid with food on Days 1 to 14

☐ Dose modification:  $1000 \text{ mg/m}^2 \times \text{BSA} -$  \_\_\_\_\_ % = \_\_\_\_\_ mg PO bid with food on Days 1 to 14

This prescription is NOT eligible for medication management by a pharmacist.

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.