



METRO INFUSION CENTER

Name: _____

DOB: _____

Diagnosis/Code: _____ / _____

Pemetrexed (Alimta)

Please check the box corresponding to the weight used for dose calculation.Height: _____ cm Weight: _____ kg Actual Call for weight change greater than 10% from baseline No dose modifications required for any weight changeBSA: _____ m² DuBois Mosteller**Laboratory or Other Tests Related to Chemotherapy:**

CBC, should be resulted within 72 hours of chemotherapy

Dosing Guidelines/ Parameters: Provider must select one option below Hold and call provider for ANC less than or equal to 1500; Platelets less than or equal to 100,000 Hold and call provider for ANC less than or equal to _____; Platelets less than or equal to _____**Hydration Orders:** Not Required**Premedication and Antiemetic Orders:** No antiemetic needed**Provider to select antiemetic requirements below:**

DRUG	DOSE	ROUTE	RATE	FREQUENCY, DAYS TO BE GIVEN
<input type="checkbox"/> Granisetron (Kytril)	1 mg	IVP	30 seconds	30 minutes prior to treatment (low emetogenic potential)
<input type="checkbox"/> Dexamethasone (Decadron)	10 mg	IVPB	20 minutes	30 minutes prior to treatment (low emetogenic potential)
Cyanocobalamin (Vitamin B ₁₂)	1,000 mcg	IM		starting 1-2 weeks before first cycle and repeat every 9 weeks; next dose due: _____ Will be given by: _____

Chemotherapy Orders:

DRUG	DOSE CALCULATION	DOSE	SOLUTION AND VOLUME	ROUTE	RATE	FREQUENCY
<input type="checkbox"/> Pemetrexed (Alimta) Lung Ca; ovarian; Thymoma	500 mg/m ²	_____ mg	100 mL NS	IVPB	10 minutes	Every 3 weeks
<input type="checkbox"/> Pemetrexed (Alimta) Cervical CA; Ovarian	700 mg/m ²	_____ mg	100ml NS	IVPB	10 minutes	Every 3 weeks
<input type="checkbox"/> Pemetrexed (Alimta) CNS tumors; Cervical CA with Rad; ovarian	900 mg/m ²	_____ mg	100ml NS	IVPB	10 minutes	Every 3 weeks

Date of first treatment: _____ /subsequent treatments may be given +/- 2 days

This order is good for 1 year from the date ordered

Other:

- Verify: Folic acid 1 mg PO daily (start 1-2 weeks before chemotherapy and continue for 21 days after last dose of pemetrexed).
- Verify: Dexamethasone 4 mg PO BID x 3 days; start 1 day prior to chemotherapy.

Instruct patients to avoid aspirin or NSAIDS while on pemetrexed (5 days prior to and up to 20 days after last dose of pemetrexed)

Call referring provider for:

DATE

Referring provider: _____ Telephone# _____

SIGNATURE REQUIRED

PRINTED NAME REQUIRED