



**Physician's Orders
CHEMOTHERAPY
PORFIMER (PHOTOFRIN)
FOR PHOTODYNAMIC
THERAPY - ADULT,
OUTPATIENT, INFUSION CENTER**

Patient Name _____
DOB _____
MRN _____
Physician _____
FIN _____

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Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Treatment intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Cycle 1 Cycle length: 1 day

Day 1 Perform every 1 day x1

Appointment Requests

ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1

Interval: -- Occurrences: --

ONCBCN ADMIT APPOINTMENT REQUEST

Interval: -- Occurrences: --

Safety Parameters and Special Instructions

ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

Interval: Until discontinued Occurrences: --

Comments: PORFIMER (PHOTOFRIN):
Special Order.

Ensure appropriate interval between treatments. DISCONTINUE PLAN AND START A NEW PLAN if giving subsequent treatments. See package insert for appropriate intervals based in clinical indication, ranging from 30 to 90 days with appropriate healing. Maximum of 3 courses.

Maximum infusion pump rate = 999 mL/hr.

Package insert instructions for photofrin preparation and administration yield an infusion intensity exposure that can be defined as 0.4-0.67 mg/kg/min for a duration of 3-5 minutes for patients weighing between 50 kg and 100 kg. Infusing all preparations at a set rate of 960 mL/hour or 16 mL/min will yield an infusion intensity exposure of 0.2-0.8 mg/kg/min for a duration of 2.5-10 minutes for patients weighing between 50 kg and 200 kg.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



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○ ONC PROVIDER REMINDER

Pregnancy tests recommended for Females aged 12 to 60 with uterus intact. Please order as appropriate for clinical presentation.

Interval: Until discontinued -- Occurrences: --

This patient does not qualify for pregnancy test based on the following criteria:

Selection conditions:

- Patient could NOT become pregnant
- Other _____

Selection conditions:

If you disagree, consider adding a pregnancy test monthly prior to chemotherapy.

- Patient could become pregnant
- Add monthly pregnancy test.
- Other _____

Concurrent use with other photosensitizing agents may increase the risk for photosensitivity reactions.

Both renal and hepatic impairment may prolong elimination and toxicities may occur.

○ HCC, QUANTITATIVE

Interval: -- Occurrences: --



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Nursing Orders

Nursing Communications:

Interval: -- Occurrences: --

Treatment Parameters

ONC MONITORING AND HOLD PARAMETERS

Interval: -- Occurrences: --

Comments:



Labs

Other Labs

Interval: -- Occurrences: --

Comments:

Premedications

Premedications (include dose, frequency, and timing in relation to chemotherapy):

Interval: -- Occurrences: --

Comments:



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Spectrum Health

**CHEMOTHERAPY
PORFIMER (PHOTOFRIN)
FOR PHOTODYNAMIC
THERAPY - ADULT,
OUTPATIENT, INFUSION
CENTER (CONTINUED)**

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Chemotherapy

porfimer (PHOTOFRIN) chemo IVPB 2 mg/kg

(Treatment Plan)

Dose: 2 mg/kg Route: Intravenous Once @ 960 mL/hr for 1 dose

Start:

Instructions:

The reconstituted product should be protected from bright light and used immediately. Precautions should be taken to prevent extravasation at the injection site. If extravasation occurs, care must be taken to protect the area from light. There is no known benefit from injecting the extravasation site with another substance.

****Staff should wear full PPE (gown, gloves, face mask with eye shield), as this should not come into contact with skin or mucous membranes****

Concurrent use with other photosensitizing agents may increase the risk for photosensitivity reactions.

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Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #	
				Sign	R.N. Sign	Physician Print	Physician

EPIC VERSION DATE: