



METRO INFUSION CENTER

Name _____
 DOB _____
 Diagnosis/Code: _____/
 Cancer stage: _____

Fulvestrant (Faslodex®)

Dose calculation:

Flat dose, not a weight-based medication

Laboratory or Other Tests Related to Treatment that should be completed for clearance for infusion:

Will be done at referring office (name and phone number of who to expect labs from) _____ / _____ N/A

Dosing Guidelines/Parameters: Provider must select hold parameters that will trigger a call from the infusion staff

_____ None

Hydration Orders: Not required**Premedication and Antiemetic Orders:** Not required**Medication Orders:**

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
<input type="checkbox"/> Fulvestrant (Faslodex®)	500mg *	IM	Every 2 weeks x 3 then monthly <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 15 <input type="checkbox"/> Day 29 <input type="checkbox"/> and then every 28 days
<input type="checkbox"/> Fulvestrant (Faslodex®)	500mg *	IM	<input type="checkbox"/> Every 28 days (for those who have already received the every 2 week loading doses)
<input type="checkbox"/> Fulvestrant (Faslodex®) recommended in patients with moderate hepatic impairment	250mg**	IM	Every 2 weeks x 3 then monthly <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 15 <input type="checkbox"/> Day 29 <input type="checkbox"/> and then every 28 days

*500mg dose is given in (2) 250mg/5ml injections in the dorsogluteal muscle on each buttocks. The injection should be given over 1-2 minutes per injection.

**250mg dose I given as (1) 5ml injection in the outer gluteal muscle on each buttocks. The injection should be given over 1-2 minutes
 Date of intended first treatment at Metro Infusion Center: _____ subsequent treatment may be given +/- 2 days or as otherwise specified:

This order is good for 1 year from the date ordered

Other:
 This drug can cause hypersensitivity reaction. Monitor patient for sxs of hypersensitivity reaction

Call referring provider for: Other reasons to call:

DATE	Referring Provider: _____ Telephone# _____ <small>SIGNATURE REQUIRED PRINTED NAME REQUIRED</small>
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