



**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 x 1

Appointment Requests

**ONCBN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1**

Interval: Once Occurrences: 1 Treatment  
Expected: S, Expires: S+365, 60 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Safety Parameters and Special Instructions

**ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4**

Interval: Until discontinued Occurrences: 1

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.

**CONTINUED ON PAGE 2 →**

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



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

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Patient Name
DOB
MRN
Physician
FIN

Labs

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

Selection conditions: Patient could become pregnant.

Beta hCG, QUANTITATIVE

Interval: Until discontinued Occurrences: 1
Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous

Nursing Orders

ONC NURSING COMMUNICATION 100

Interval: Until discontinued Occurrences: 1

Comments: May Initiate IV Catheter Patency Adult Protocol.

Nursing Orders

ONC NURSING COMMUNICATION 21

Interval: Until discontinued Occurrences: 1

Comments: PORFIMER (PHOTOFRIN):

- Confirm patient brought appropriate light-blocking clothing: long pants, socks, long sleeve shirt, gloves, hat with brim and ear covering, scarf, and full coverage sunglasses.
Review with patient: all patients who receive PHOTOFRIN will be photosensitive and must observe precautions to avoid exposure of skin and eyes to direct sunlight or bright indoor light (from examination lamps, including dental lamps, operating room lamps, unshaded light bulbs at close proximity, etc.) for at least 30 days. Some patients may remain photosensitive for up to 90 days or more.
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.\*\*
Confirm patient received written patient education, and viewed patient education video, at referring provider office.

Chemotherapy

porfimer (PHOTOFRIN) chemo IVPB 2 mg/kg

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

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.
Maximum infusion pump rate = 999 mL/hr.
Package insert instructions for porfimer preparation and administration yield an infusion intensity exposure that can be define as 0.4 - 0.67 mg/kg/min for a duration of 3 - 5 minutes for patients weighing between 50 kg and 100 kg. Infusion 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.

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.

Table with columns: TRANSCRIBED: TIME, DATE, VALIDATED: TIME, DATE, ORDERED: TIME, DATE, Pager #, Sign, R.N. Sign, Physician Print, Physician

EPIC VERSION DATE: