

EGFRi Toxicity Management Prescription Set

Name: _____

DOB/PHN: _____ Allergies: _____

	Medication	Directions	Qty	Refills
EGFRi Rash Management				
<input type="checkbox"/>	Hydrocortisone 1% cream OTC	Apply to affected areas BID		
<input type="checkbox"/>	Hydrocortisone 2.5% cream	Apply to affected areas BID		
<input type="checkbox"/>	Clindamycin 2% in Hydrocortisone 1% cream (compounded)	Apply to affected areas BID		
<input type="checkbox"/>	Minocycline 100 mg capsule*	Take one capsule orally twice daily		
<input type="checkbox"/>	Doxycycline 100 mg capsule*	Take one capsule orally twice daily		
<input type="checkbox"/>	Betamethasone valerate 0.1% cream (medium to high potency)	Apply to affected areas on body/limbs BID		
Pruritus				
<input type="checkbox"/>	Loratadine 10mg tablet OTC	Take one tablet orally once daily		
<input type="checkbox"/>	Bilastine 20mg tablet	Take one tablet orally daily or twice daily		
Mucositis				
<input type="checkbox"/>	BC Cancer Magic Mouthwash Prescription	(See online template)		
Paronychia (Antibiotic selection based on culture and sensitivity/local antibiogram)				
<input type="checkbox"/>	Clobetasol 0.05% ointment (ultra high potency)	Apply to affected areas BID		
<input type="checkbox"/>	Betamethasone valerate 0.1% ointment (medium to high potency)	Apply to affected areas BID		

* Also utilized for prophylaxis

MD Name: _____

Date: _____

Signature: _____

License: _____