CHEMOTHERAPY ADMINISTRATION FORM

CHEMOTHERAPY ADMINISTRATION FORM

Date of treatment		Cycle No/	
Patient Name		Age	Gender
Hosp. No			
Weight		Height	
Drug Allergies			
Doctor's Name & Sig	nature		
PREVIOUS CHEMOT	THERAPY ADMIN	NISTERED	
Previously received	chemotherapy? Ye	es [] No []	
If yes, list as shown b			
Drugs	Dosages	No. of cycles given	Last date given
administered			

PARAMETERS

	TBCs					U/E/Cs				LFTs			
Date	НВ	WBC	NEUT	ABS	PLTS	Cr	CrCl	UREA	K	AST/	T/BILI	ALP	
	g/ dl	X10/L	X10/L	NEUT %	X10/L	ea tin in e	ml/mi n			ALT			

PRE-HYDRATION

Date	Type of fluid	Amount	Administer ed by	Duration

PRE- CHEMOTHERAPY ORDERS

							Pharmacy			Nursing	
Date	Drug	Dose	Route	Freq	Diluent and volume	Dura tion	Dispense d by	QTY	Reco nstit uted by	Time give n	Given by

CHEMOTHERAPY ORDERS (INJECTABLES

							Pharm	асу	Nursin	g
Date	Drug	Dose	Route	Diluent and volume	Duration /rateof administ ration	Order ed by	Dose	Disp ense d by	Time given	Given by

CHEMOTHERAPY ORDERS (ORAL)

						Pha	armacy	Nurs	ing
Date	Drug	Dose	Freq	Duration	Ordered by	Qty	Dispens ed by	Time given to patient	Given by

POST HYDRATION ORDERS

Date	Type of fluid	Quantity	Ordered by	Duration

POST-CHEMOTHERAPY ORDERS/DISCHARGE DRUGS

							Pharm	асу	Nursing	
Date	Drug	Dose	Route	Frequ ency	Dura tion	Order ed by	Quan tity	Disp by	Time given	Give n by