

CHEMOTHERAPY ADMINISTRATION FORM

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Date of treatment_____ Cycle No___/_____
Patient Name_____ Age_____ Gender_____
Hosp. No._____ Diagnosis_____
Weight_____ Height_____ BSA_____
Drug Allergies_____
Doctor's Name & Signature _____

PREVIOUS CHEMOTHERAPY ADMINISTERED

Previously received chemotherapy? Yes [☐] No [☐]

If yes, list as shown below:-

Drugs administered	Dosages	No. of cycles given	Last date given

PARAMETERS

[illegible]

PRE- HYDRATION

Date	Type of fluid	Amount	Administered by	Duration

PRE- CHEMOTHERAPY ORDERS

[illegible]

CHEMOTHERAPY ORDERS (INJECTABLES)

							Pharmacy		Nursing	
Date	Drug	Dose	Route	Diluent and volume	Duration /rateof administration	Ordered by	Dose	Dispensed by	Time given	Given by

CHEMOTHERAPY ORDERS (ORAL)

						Pharmacy		Nursing	
Date	Drug	Dose	Freq	Duration	Ordered by	Qty	Dispensed by	Time given to patient	Given by

POST HYDRATION ORDERS

Date	Type of fluid	Quantity	Ordered by	Duration

POST-CHEMOTHERAPY ORDERS/DISCHARGE DRUGS

[illegible]