



CHEMOTHERAPY ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name: Saldana, Elizabeth DOB: 10-22-44

Date Written: 12-6-19 Date of Administration: _____

Diagnosis: Metastatic Her2+ Breast TNM Stage: _____

Protocol / Regimen: Trastuzumab q 3 weeks Cycle: _____ of _____

Day: _____ Allergias: ☐ NKDA

Venous Access: ☐ Peripheral ☐ Central

Height: not in Weight: 56 kg ☒ Actual ☐ Ideal ☐ Adjusted ☐ Dosing
 Body Surface Area (m²): 1.5 Emetic Level: ☐ Minimal ☐ Moderate ☐ High

Lab Orders: ☒ CBC/DIFF ☒ BMP ☒ Magnesium ☐ UA weekly labs

Hold Parameters: _____

ANC less than: 900 WBC less than: 4000 PLT less than: 100K Hgb/Hct less than: _____ SCr greater than: 1.4

Non-chemotherapy orders: _____ RPh initials / Nurse initials

IV Fluids: ☐ Sodium Chloride 0.9% to KVO (20 mL/hr) ☐ Dextrose 5% to KVO (20 mL/hr)

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Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to nearest vial size if within 5% of calculated dose. Biological agents will be rounded down to the nearest vial size if within 10% of calculated dose. Please administer chemotherapy in sequence listed below.

| Chemotherapy | Dose per Unit (m ² , kg, AUC) | Dose Reduction* (mg/m ² , mg/kg, AUC) | Calculated Dose | Dose Dispensed (Rounding to be completed by RPh) | Route | Infusion Rate | RPh / Nurse initials |
|--------------|--|--|-----------------|--|-------|---------------|----------------------|
| Trastuzumab | 6mg/kg | | 33.6mg | | | | |
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*If using a dose reduction, please provide rationale:
 MD Name (Print): Angela... MD Signature: [Signature] Date/Time: 12/6/19
 RN Name (Print): _____ RN Signature: _____ Date/Time: _____
 RPh Name (Print): _____ RPh Signature: _____ Date/Time: _____