



CHEMOTHERAPY ORDERS

Patient Label

Crystal Perez
1048939

TO BE COMPLETED BY PHYSICIAN:				Patient Name:		DOB:	
Date Written: 12/26/19				Date of Administration: 12/20/20			
Diagnosis: Breast Ca				TNM Stage:		Allergies: <input type="checkbox"/> NKDA iv - continue	
Protocol / Regimen - Dose dense AC → Taxol				Cycle 3 of 4 Day			
Venous Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central							
Height: ft. in	Weight: kg	<input type="checkbox"/> Actual <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted <input type="checkbox"/> Dosing	Body Surface Area (m ²)	Emetic Level <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Lab Orders: <input checked="" type="checkbox"/> CBC/DIFF <input checked="" type="checkbox"/> BMP <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> UA * phos - 9 2 weeks							
Hold Parameters: ANC less than: WBC less than: PLT less than: Hgb/Hct less than: Scr greater than:							
Non-chemotherapy orders:						RPh Initials / Nurse Initials	
<input type="checkbox"/> IV Fluids: NS @ KVO (20 ml/hr)							
Dexamethasone 12 mg iv							
Benadryl 50 mg po							
Fosphenytoin 150 mg iv							
Palonosetron 0.25 mg iv							
Nembutal 6 mg on body							
Ativan 0.5 mg po							
Pharmacy to calculate the final dose							
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
Paclitaxel	175 mg / m ² iv						

If using a dose reduction, please provide rationale:

MD Name (Print) V. Mudi

MD Signature

Date/Time

12/26/19

RN Name (Print)

RN Signature

Date/Time

RPh Name (Print)

RPh Signature

Date/Time

Physician Orders/Blank Chemotherapy Orders 2-1/Pharmacy/11-12

N = 20