

JAN-06-2020 11:20

From:

8452946486

To:3331148

Page:2/3

Joel
Popelsky



CHEMOTHERAPY ORDERS

TO BE COMPLETED BY PHYSICIAN:

Patient Label

Date Written:

Patient Name: Joel Popelsky DOB: 8-13-59

Diagnosis:

Ulcerative colitis

Date of Administration:

TNM Stage:

Protocol / Regimen -

Entyvio

Cycle of
Day

Allergies: ☒ NKDA

Venous Access: ☐ Peripheral ☐ Central

Height

6 ft 0 in

Weight

148 lbs

☐ Actual
☐ Ideal
☐ Adjusted
☐ Dosing

Body Surface
Area (m²)

Emetic Level
☐ Minimal
☐ Moderate
☐ High

Lab Orders:

CBC/PEFF

BMP

Magnesium

UA

Hold Parameters:

ANC less than:

WBC less than:

PLT less than:

Hgb/Hct less than:

Scr greater than:

Non-chemotherapy orders:

☒ IV Fluids: NS @ KVO (20 mL/hr)

RPH Initials / Nurse Initials

Entyvio 300mg in 250cc
NS over 30min

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
<u>Entyvio 300mg</u>							

*If using a dose reduction, please provide rationale:

MD Name (Print)

Alan Plummer

MD Signature

Date/Time 11-13-19

RN Name (Print)

RN Signature

Date/Time

RPh Name (Print)

RPh Signature

Date/Time

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

Fed to Pharmacy at order time 11:24