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Janet Boone
MR 112953
Patient Label

ORANGE REGIONAL MEDICAL CENTER

CHEMOTHERAPY ORDERS

TO BE COMPLETED BY PHYSICIAN:	Patient Name:	DOB: 7/25/33
Date Written: 12/20/19	Date of Administration:	
Diagnosis: mm. 9	TNM Stage:	Allergies: ☒ NKDA
Protocol / Regimen:	Cycle of Day	
Venous Access: ☐ Peripheral ☐ Central		
Height: ft in	Weight: kg ☐ Actual ☐ Ideal ☐ Adjusted ☐ Dosing	Body Surface Area (m^2)
Emetic Level: ☐ Minimal ☐ Moderate ☐ High		
Lab Orders: ☐ CBC/DIFF ☐ BMP ☐ Magnesium ☐ UA		

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	
☐ IV Fluids: NS @ KVO (20 mL/hr)		

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	
Remicade	9mg/kg				IV			

*If using a dose reduction, please provide rationale:

MD Name (Print) Goddard Lainjo MD Signature [signature] Date/Time 12/20/19 4:50pm
RN Name (Print) _____ RN Signature _____ Date/Time _____
RPh Name (Print) _____ RPh Signature _____ Date/Time _____