ORANGE MC REGIONAL	•	СНЕМОТ	HERAPY				1	
MEDICAL CENTER		ORD_	ERS		na by	atchera	Label Label	7
TO BE COMPLETED	DBY PHYSICIAN: リンルの	<u> </u>	Patie	nt Name;		DOB: 7	119/52	1
Date Written:	Date of Administration: ([8]a-p.							
Diagnosis: Mu/H Protocol/Regimen	TNM Stage	INM Stage:						
Venous Access:	Cycle of Day			Allergies: NKDA Da/atumumab- Chactpain dyspnca				
5 ft 8 in 6	☐ Dos	al asted ing	Sody Surface Jea (m²)	Emetic L Mini Mode High	evel nai erate	<i>)</i> - F		,
	BC/DIFF	BMP M	agnesium	□UA				
Hold Parameters: ANC less than:	WBC less than:	-1	_					_
Non-chemotherapy orders: PLT less than: Hgb/Hct less than:						SCr greater than:		
IV Fluids: NS @ KVO (20 mL/hr)					<u>R</u>	RPh initials / Nurse initials		
I LI IV FILIDS: NO	8 KVO (20 MD/hr)		···					
				_			T .	
	<u> </u>						 	
Magn	sium Sul	Porte 39	$-\kappa$ 7	111	$\neg \uparrow \neg$			
			70-7	74.—			 	
V			_				 	
					- - `-		 -	
	<u> </u>				-		 	
Solution, volume and i agents will be rounded the nearest vial si	nfusion rate are pe I down to neerest to ze if within 10% of							utic 1 to
Chemotherapy	Dose per Unit (m², kg, AUC)	Dose Reduction* (mg/m², mg/kg, AUC)	Calculated Dose	Dose Dispensed (Rounding to be completed by RPh)	Route	Infusion Rate	RPh Nurse	ė
							•	
						<u> </u>	_ _	
								
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	-	 .		·		·		
<u> </u>		• • •						.
If using a dose reduct ID Name (Print) A	ion, please provid A Mathlet	de rationale: MD Signature	Sorta			ne <u>///</u>	L0	
RN Name (Print)	<u> </u>	_ RN Signature		· ·		.~ / . / le		-
Ph Name (Print)RPh Signature						e		
Physician Ord	lers/Blank/Chemothera	py Orders-Z-1/Pham	acy/\1-12		M= 3	20		