

Carminati, Jane.
MEN 979164 DOB 3/30/93

CHEMOTHERAPY ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN: Patient Name: _____ DOB: _____

Date Written: 1/9/2020 Date of Administration: 2/20/2020

Diagnosis: _____ TNM Stage: _____

Protocol / Regimen: _____ Allergies: ☒ NKDA

Cycle: _____ of: _____

Day: _____

Venous Access: ☐ Peripheral ☐ 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
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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: ☒ Sodium Chloride 0.9% to KVO (20 mL/hr) ☐ Dextrose 5% to KVO (20 mL/hr)

*If using a dose reduction, please provide rationale: _____

MD Name (Print): Bella Fradette MD Signature: [Signature] Date/Time: 1/9/2020

RN Name (Print): _____ RN Signature: _____ Date/Time: _____

RPh Name (Print): _____ RPh Signature: _____ Date/Time: _____