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ORANGE REGIONAL MEDICAL CENTER

CHEMOTHERAPY ORDERS

Lisa Arnowitz 7/13/89
Patient Label

TO BE COMPLETED BY PHYSICIAN: Patient Name: L. Arnowitz DOB: 7/13/89

Date Written: 12/14/19 | Date of Administration: 12/21/19

Diagnosis: Ulcerative Proctitis | TNM Stage:

Protocol / Regimen – Entyvio 300mg IV | Cycle of Day

Allergies: ☐ NKDA Amoxicillin vancomycin PCN Tamiflu Clindamycin Septra

Venous Access: ☐ Peripheral ☐ Central

Height	Weight	Body Surface Area (m²)	Emetic Level
ft 6 in	kg ☑ Actual 140 ☐ Ideal ☐ Adjusted ☐ Dosing		☐ 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 (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 Initials
Entyvio	300 mg		300 mg		IV		

*If using a dose reduction, please provide rationale:

MD Name (Print) Dr. Ellis MD Signature [signature] Date/Time 12/14/19
RN Name (Print) Ciara A RN Signature [signature] RN Date/Time 12/14/19
RPh Name (Print) _____ RPh Signature _____ Date/Time _____

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