

ORANGE
REGIONAL
MEDICAL CENTER

CHEMOTHERAPY ORDERS

Jones, Robert
914741 4/19/48

TO BE COMPLETED BY PHYSICIAN:

Date Written: 12/20/19 Patient Name: DOB: Date of Administration: 12/24/19
Diagnosis: Metastatic NSCLC - (3490) NM Stage: Stage IV
Protocol / Regimen: Kertimba 9 8 weeks

Cycle: of
Day:

Allergies: ☐ NKDA

Access: ☒ Peripheral ☐ Central

Height

Weight

☐ Actual
☐ Ideal
☐ Adjusted
☐ Dosing

Body Surface
Area (m²)

Emetic Level
☒ Minimal
☐ Moderate
☐ High

Lab Orders: ☐ CBC/DIFF ☐ BMP ☐ Magnesium ☐ UA

Lab Parameters:

WBC less than: PLT less than: Hgb/Hct less than: SCr greater than:

Chemotherapy orders:

Fluids: ☒ Sodium Chloride 0.9% to KVO (20 mL/hr) ☐ Dextrose 5% to KVO (20 mL/hr) RPh initials / Nurse initials

Benadryl 25 mg po
Tylenol 650 mg

Concentration, 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
Kertimba	200 mg	120					

If a dose reduction, please provide rationale:

Name (Print): J. Jones MD Signature: [Signature] Date/Time: 12/20/19
Name (Print): RN Signature: Date/Time:
Name (Print): RPh Signature: Date/Time: