



# CHEMOTHERAPY ORDERS

Joanne Weise  
10/6/78  
Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name: J. Weise

DOB: 10/6/78

Date Written: 1/31/20

Date of Administration:

Diagnosis: Crohn's

TNM Stage:

Allergies: ☒ NKDA

Protocol / Regimen -

Remicade 10mg/kg IV  
every 6 weeks

Cycle of  
Day

Venous Access: ☐ Peripheral ☐ Central

Height

ft 66in

Weight

53 kg

☒ Actual☐ Ideal☐ Adjusted☐ DosingBody Surface  
Area (m<sup>2</sup>)

Emetic Level

☐ Minimal☐ Moderate☐ HighLab 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)

Please draw Remicade level and Antibody,  
CBC, and Comp prior to infusion.

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 <sup>2</sup> , kg, AUC)	Dose Reduction* (mg/m <sup>2</sup> , mg/kg, AUC)	Calculated Dose	Dose Dispensed (Rounding to be completed by RPh)	Route	Infusion Rate	RPh / Nurse Initials
Remicade	10mg/kg		530mg		IV		

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

MD Name (Print) Dr. Siegel

MD Signature

Date/Time

1/31/20

RN Name (Print) Ciera A.

RN Signature

Date/Time

1/31/20

RPh Name (Print)

RPh Signature

Date/Time

