

Crystal Perez
1048939CHEMOTHERAPY
ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN:				Patient Name: <u>Crystal Perez</u>			
Date Written: <u>01/02/20</u>				Date of Administration: <u>1/02/20</u>			
Diagnosis: <u>Breast Ca</u>				TNM Stage:			
Protocol / Regimen: <u>Dose dense AC → Taxol</u>				Cycle <u>4</u> of <u>4</u> Day			
Venous Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central				Allergies: <input type="checkbox"/> NKDA <u>Cv. contrast</u>			
Height ft in		Weight kg		Body Surface Area (m ²)		Emetic Level <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> High	
Lab Orders: <input checked="" type="checkbox"/> CBC/DIFF <input checked="" type="checkbox"/> BMP <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> UA * Phos - 92 weeks							
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	
<input type="checkbox"/> IV Fluids: NS @ KVO (20 mL/hr)							
<u>Dexamethasone 12 mg IV</u>							
<u>Benzoyl 50 mg PO</u>							
<u>Fosaprepant 150 mg IV</u>							
<u>Palonisetrone 0.25 mg IV</u>							
<u>Neulasta 6 mg on body</u>							
<u>Aravan 0.5mg PO</u>							
<u>Pharmacy to calculate final dose</u>							
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 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
<u>Paclitaxel</u>	<u>175 mg/m² IV</u>						

*If using a dose reduction, please provide rationale:

MD Name (Print) V. mudiMD Signature V. mudiDate/Time 1/02/20

RN Name (Print)

RN Signature

Date/Time

RPh Name (Print)

RPh Signature

Date/Time

