

12676285
Dec. 26. 2019 8:28AM

No. 6944 P. 1

Crystal Perez
048939CHEMOTHERAPY
ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN:				Patient Name:		DOB:	
Date Written: 12/26/19				Date of Administration:			
Diagnosis: Breast Ca				TNM Stage:		Allergies: <input type="checkbox"/> NKDA	
Protocol/Regimen - Dose dense AC → Taxol				Cycle 3 of 4 Day		PC - continue	
Various Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central							
Height ft in		Weight kg		Body Surface Area (m ²)		Enzyme 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"/> BUN/Cr <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> UA * Phos - 92 weeks							
Hold Parameters: ANC less than: WBC less than: PLT less than: Night/Hot less than: SGT greater than:							
Non-chemotherapy orders:				RPh Initiate / Nurse Initiate			
<input type="checkbox"/> IV fluids: NS @ KVO (20 mL/hr)							
Dexamethasone 12 mg IV							
Benadryl 50 mg PO							
Fosphenytoin 150 mg IV							
Palonosetron 0.25 mg IV							
Morphine 8 mg on body							
Ativan 0.5 mg PO							
Pharmacy to calculate final dose							
Solutions, volumes 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 Initiate
Paclitaxel	175 mg / m ² IV		309.75g	315mg	VM		
(Maximum Dose Per Admin Cycle)							

*If using a dose reduction, please provide rationale:

MD Name (Print) V. Patel MD Signature [Signature] Date/Time 12/26/19.

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

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

Provider Signature/Chemotherapy Order-2/1/2012

N = 2