



Maria Foreri
Children's Hospital
Pediatric Gastroenterology & Hepatology



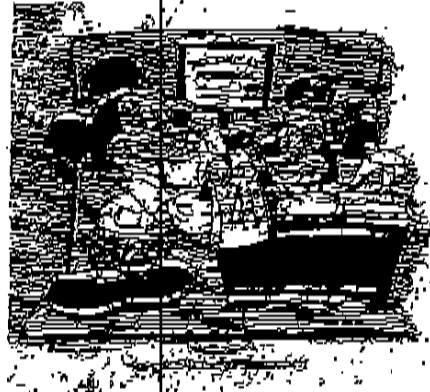
Boston Children's Health Physicians
Until every child is well



PEDIATRIC GASTROENTEROLOGY & HEPATOBILLIARY DISEASES

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FACSIMILE TRANSMITTAL SHEET

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12/23/19

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844-333-1902

2

ENTY/VIO Q8W

4/18/06 JAMES WEST

AUTH # 44924272

8/29/19 - 9/1/20 (6 INFUSION)

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CHEMOTHERAPY ORDERS

51 maple ave
Fishkill, NY 12524
DOB: 4/18/2006
Patient Label

TO BE COMPLETED BY PHYSICIAN: Dr. Bostwick Patient Name: James West DOB: 4/18/2006

Date Written: 12/16/19

Date of Administration: 12/27/19 @ 2 P.M

Diagnosis: K50.80 Crohn's Disease

TNM Stage:

Protocol / Regimen -

Entyvio

Cycle of
Day

Allergies: ☐ NKDA

- Gluten
- Peanut
- Sulfa
(Sulfonamide)
Antibiotics
- Tree nut

Venous Access: ☐ Peripheral ☐ Central

Height

5 ft 8 in

Weight

37.27 kg

(82 lbs)

☒ Actual

☐ Ideal

☐ Adjusted

☐ Doing

Body Surface
Area (m²)

Emetic Level

☐ 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)

Administer 200mg
① Please administer Entyvio in 250ml of
0.9% Sodium Chloride to infuse
over 30 minutes at the rate below

* TyLENOL 325 mg

* BENADRYL 25 mg

PO X 1

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
Entyvio	6mg/kg		230mg		IV		

*If using a dose reduction, please provide rationale:

MD Name (Print) James A. Bostwick MD Signature

Date/Time 12/19/19 3PM

RN Name (Print) RN Signature

Date/Time

RPh Name (Print) RPh Signature

Date/Time



Physician Orders/Blank/Chemotherapy Orders-Z-1/Pharmacy/11-12

No. 2282 P. 2/2

Doc: 19143670002 FROM: 18453331148 Date: 08/22/17 Time: 1:04 PM Page: 02

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Aug. 22, 2017 4:04PM