

GHVHS

DATE: 12/16/19

CHEMOTHERAPY/BIO-THERAPY ORDERS

Dr. Velez, Jose R.
Sex: M DOB: 4/14/1945 74 y.o.
CMRN: 675919 DOS: 12/02/19
Acct: 5001491388
CSN: 12698477

BE COMPLETED BY PHYSICIAN:		PATIENT NAME: <u>DOZ, JESUS</u>	
at: <u>Willa 21619</u>		Date of Administration: <u>12/16/19</u>	
Age: <u>74</u> Sex: <u>M</u>		TNM Stage: <u>IV</u>	
Protocol/Regimen: <u>Cisplatin SR</u>		Cycles of <u>2</u> Day <u>1</u> of <u>1</u>	
Venous Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central		Allergies: <input type="checkbox"/> No Known Drug Allergies	
Height: <u>5'5"</u>	Weight: <input type="checkbox"/> Actual <u>155 lb</u> <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted	Body Surface Area: <u>1.77</u> (m ²)	Emetic Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High
Lab Orders: <input type="checkbox"/> CBC/DIFF <input type="checkbox"/> BMP <input type="checkbox"/> Magnesium <input type="checkbox"/> UA			
Hold Parameters: ANC less than: _____ WBC less than: _____ PLT less than: _____ Hgb/Hct less than: _____ Scr greater than: _____			
Nonchemotherapy orders:			

Fluids:	RPh Initials	RN Initials
<input checked="" type="checkbox"/> 0.9% Sodium chloride at 20mL/hour		
<input type="checkbox"/> Dextrose 5% at 20mL/hour		
<u>1.0% NaCl 1000cc IV</u>		
<u>1.0% NaCl 1000cc IV</u>		
<u>1.0% NaCl 1000cc IV</u>		
<u>1.0% NaCl 1000cc IV</u>		
<u>1.0% NaCl 1000cc IV</u>		

Volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to the nearest vial size if within 5% of calculated dose. Biologic agents will be rounded 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 completed by RPh)	Route	Infusion Rate	RPh Initials	RN Initials
<u>Cisplatin</u>	<u>30 mg/m²</u>		<u>50 mg</u>	<u>50 mg</u>	<u>IV</u>	<u>90m</u>		
<u>SFU</u>	<u>1000 mg/m²</u>		<u>1700 mg</u>	<u>1700 mg</u>	<u>IV</u>	<u>24hr</u>		
<u>SR</u>	<u>1000 mg/m²</u>		<u>1700 mg</u>	<u>1700 mg</u>	<u>IV</u>	<u>24hr</u>		
<u>SR</u>	<u>1000 mg/m²</u>		<u>1700 mg</u>	<u>1700 mg</u>	<u>IV</u>	<u>24hr</u>		

When a dose reduction, providers please provide rationale:

MD Name (print): _____ MD Signature: _____ Date: _____ Time: _____

RN Name (print): _____ RN Signature: _____ Date: _____ Time: _____

RPh Name (print): _____ RPh Signature: _____ Date: _____ Time: _____

GHVHS

CHEMOTHERAPY/BIOOTHERAPY ORDERS

DiazValez, Jose K
 Sex: M DOB: 4/14/1945 74 y.o.
 MRN: 673919 DOS: 12/02/19
 Acct: 5001491388
 CSN: 12698477

DATE COMPLETED BY PHYSICIAN: <u>12/16/19</u>		PATIENT NAME: <u>4019195</u>	
Date Written: <u>12/16/19</u>		Date of Administration: <u>12/16/19</u>	
Diagnosis:		TNM Stage:	Allergies:
Protocol/Regimen:		Cycle of Day of	
Venous Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central		<input type="checkbox"/> No Known Drug Allergies	
Height: <u>5'7" in</u>	Weight: <input type="checkbox"/> Actual <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted <input type="checkbox"/> Dosing	Body Surface Area: <u>1.70 m²</u>	Emetic Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High
Lab Orders: <input type="checkbox"/> CBC/DIFF <input type="checkbox"/> BMP <input type="checkbox"/> Magnesium <input type="checkbox"/> UA			

Blood Parameters:			
ANC less than:	WBC less than:	PLT less than:	Hgb/Hct less than:
SCR greater than:			
In Chemotherapy orders:			

Infusions: <input type="checkbox"/> 0.9% Sodium chloride at 20mL/hour <input type="checkbox"/> Dextrose 5% at 20mL/hour	RPh Initials:	RN Initials:
<u>2 Zosyn 16mg IV</u>		
<u>Docusone 10mg IV 9/12</u>		
<u>3 Zosyn 16mg IV</u>		
<u>Docusone 10mg IV 9/12</u>		

Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to the nearest vial size if within 5% of calculated dose. Biologic agents will be rounded to the nearest vial size if within 10% of calculated dose. Please administer chemotherapy in sequence listed below.

Chemotherapy	Dose per Unit (mg/kg, AUC)	Dose Reduction (mg/m ² , mg/kg, AUC)*	Calculated Dose	Dose Dispensed (Rounding completed by RPh)	Route	Infusion Rate	RPh Initials	RN Initials
<u>5-FU 1000 mg</u>				<u>1700 mg</u>	<u>IV</u>	<u>24 HR</u>		

If using a dose reduction, providers please provide rationale:

MD Name (print): <u>[Signature]</u>	MD Signature: <u>[Signature]</u>	Date: <u>12/16/19</u>	Time: <u>12:00</u>
RN Name (print): <u>[Signature]</u>	RN Signature: <u>[Signature]</u>	Date: <u>12/16/19</u>	Time: <u>12:00</u>
RPh Name (print): <u>[Signature]</u>	RPh Signature: <u>[Signature]</u>	Date: <u>12/16/19</u>	Time: <u>12:00</u>

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