

12676285
Dec. 26. 2019 8:28AM

No. 6944 P. 1

Crystal Perez
048939

ORANGE REGIONAL MEDICAL CENTER		CHEMOTHERAPY ORDERS		Patient Label # 1048151			
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 PCV - common		
Protocol / Regimen - Dose dense AC → Taxol			Cycle: 3 of 4 Day:				
Various Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central							
Height: ft in	Weight: kg	<input type="checkbox"/> Actual <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted <input type="checkbox"/> Dealing	Body Surface Area (m²):	Smoking 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 - 9/2 weeks							
Hold Parameters: ANC less than: WBC less than: PLT less than: NaCl/Hct less than: SCr greater than:							
Non-chemotherapy related: RPR Initial / Nurse Initial							
<input type="checkbox"/> IV fluids NS @ KVO (20 mL/hr)							
Docetaxel 12 mg IV							
Etoposide 50 mg PO							
Fentanyl 150 mcg IV							
Palonosetron 0.25 mg IV							
Alemtuzumab 6 mg on body							
Anakinra 100 mg PO							
Pharmacy to calculate the final dose							
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
Packitaxel	75 mg/m ² IV		309.75g	315mg	IV		
(maintain Dose Per Packitaxel Cycle)							

If using a dose reduction, please provide rationale:

MD Name (Print) V-medi

MD Signature _____

Date/Time 12/26/19

RN Name (Print)

FIN Signature

Date/Time

RPh Name (Print)

EPH Signature

Executive Times

Physician Orders/Interventions/Orders 3-1/Pharmacy 7/18

№ 10

1/1 2 58/0 0N

Jan. 2, 2020 8:44AM