



CHEMOTHERAPY ORDERS

Kelly Mcmann
 1/26/89
 Patient Label

TO BE COMPLETED BY PHYSICIAN:		Patient Name: <u>K. Mcmann</u>		DOB: <u>1/26/89</u>	
Date Written: <u>1/29/20</u>		Date of Administration: <u>2/15/20</u>			
Diagnosis: <u>Crohn's</u>		TNM Stage:		Allergies: <input checked="" type="checkbox"/> NKDA	
Protocol / Regimen ~ <u>Remicade 5mg/kg IV</u>		Cycle of		Day	
Venous Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Central					
Height ft <u>62</u> in	Weight <u>56</u> kg	<input type="checkbox"/> Actual <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted <input type="checkbox"/> Dosing	Body Surface Area (m ²)	Emollic Level <input type="checkbox"/> Minimal <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:			
Non-chemotherapy orders:				RPh Initials / Nurse Initials	
<input type="checkbox"/> IV Fluids: NS @ KVO (20 mL/hr)					

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
Remicade	5mg/kg		280mg		IV		

*If using a dose reduction, please provide rationale:

MD Name (Print) Dr. Ellis MD Signature [Signature] Date/Time 1/29/20
 RN Name (Print) Ciera A. RN Signature Ciera A. [Signature] Date/Time 1/29/20
 RPh Name (Print) _____ RPh Signature _____ Date/Time _____

