



CHEMOTHERAPY ORDERS

Clarence Bindoni
DOB: 1/25/55

Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name: Clarence Bindoni DOB: 1/25/1955

Date Written: 12/19/19

Date of Administration:

Diagnosis: Ulcerative Colitis

TNM Stage:

Protocol / Regimen -

Cycle of
Day

Allergies: ☐ NKDA

Entyvio 300mg IV

Pneumovax 23

Venous Access: ☐ Peripheral ☐ Central

Height

ft 71 in

Weight

kg

☐ Actual

☐ Ideal

☐ Adjusted

☐ Dosing

201 lbs

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)

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 | 300 mg | | 300 mg | | IV | | |
| | | | | | | | |
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| | | | | | | | |

*If using a dose reduction, please provide rationale:

MD Name (Print) Dr. David Ellis

MD Signature

Date/Time 12/19/19

RPh Name (Print) Becky Yarrido

RPh Signature

Date/Time 12/19/19

RPh Name (Print)

RPh Signature

Date/Time