

Michael  
 Walsh



# CHEMOTHERAPY ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name: Michael Walsh DOB: 11-8-82

Date Written: 10-25-17

Date of Administration:

Diagnosis: Ulcerative Colitis

TNM Stage:

Protocol / Regimen -

Cycle of  
 Day

Allergies: ☐ NKDA

Remicade

Entyvio

Venous Access: ☒ Peripheral ☐ Central

Height

Weight

☐ Actual

☐ Ideal

☐ Adjusted

☒ Dosing

Body Surface  
 Area (m<sup>2</sup>)

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)

Entyvio 300mg in 250cc NS  
 over 30 min

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 <sup>2</sup> , kg, AUC)	Dose Reduction* (mg/m <sup>2</sup> , mg/kg, AUC)	Calculated Dose	Dose Dispensed (Rounding to be completed by RPh)	Route	Infusion Rate	RPh / Nurse Initials

\*If using a dose reduction, please provide rationale:

MD Name (Print) Pran Avast MD Signature [Signature]

Date/Time 10-25-17 3pm

RN Name (Print) \_\_\_\_\_ RN Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

RPh Name (Print) \_\_\_\_\_ RPh Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

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**FAX COVER SHEET**Date: 10-25-17To: ORMCFax: 333 1157Re: Michael WalshDob: 11-8-82From: Dr. PlummerPages: 2

Comments:

DDW

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