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OR ORANGE MC REGIONAL

CHEMOTHERAPY

Carminati, Jane. men 979164 006 3/30/53

ORDERS Patient Name: TO BE COMPLETED BY PHYSICIAN: Date of Administration: 2/20/2020 TNM Stage: Diagnosis: Allergies: X NKDA Protocol / Regimen: Cycle: of: Day: Venous Access: 🔲 Peripheral 🧻 Central Actual Body Surface Emetic Level Height Weight Minin Mode High Minimal Area (m²) kg ft in Adjusted Moderate Dosing Dosing 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: RPh initials / Nurse initials Non-chemotherapy orders: IV Fluids: Sodium Chloride 0.9% to KVO (20 mL/hr) Dextrose 5% to 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. Dose Dose RPh/ Dose per Dispensed Reduction* Calculated Infusion Chemotherapy Unit (Rounding to Route Nurse Rate Dose $(mg/m^2,$ (m², kg, AUC) be completed initials ' mg/kg, AUC) by RPh) *If using a dose reduction, please provide rationale: Date/Time MD Name (Print): DING TYDEN 15 MD Signature RN Name (Print) _____ RN Signature ____ Date/Time ____ RPh Name (Print) ______ RPh Signature_____ Date/Time