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## **FAX COVER SHEET**

To: ORMC - Attention Donna P.

From: Roach, Tamara

Company:

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## CHEMOTHERAPY ORDERS

Patricia Hostutter

ORDERS							Patient Label				
TO BE COMPLETED BY PHYSICIAN: Patient Name: DOB: 1-19-54											
Date Written:	320	Date of Administration: 2-13-20									
Diagnosis: Myeloma				TNM Stage:				Allergies: NKDA			
Protocol / Regimen				Cycle of							
Velcadi	everyo	HULL W	cek	Day	OI .						
Venous Access:	OPeripheral	Centra	<u> </u>								
Height ft in	[ Ideal			dy Surface ea (m²)	Level nimal oderate gh						
Lab Orders:	CBC/DIFF	BMP	Ma	gnesium	UA		<u> </u>				
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 r	mL/hr)						1			
Manth	11 22011	Nag 113	100 N								
1º WIGHT	ing Sian	ma 113	100	·							
2-0-10-1100-0-100-0											
Zoneta una in 100 cc NS over 15 min											
MGFR 760, Call MD for twither											
102	muchan	1 14 6	<u>. ac</u>			·	<del>                                     </del>		<u> </u>		
				<del></del>	<del></del>		<del> </del>				
Solution, volume agents will be rou the nearest v	and infusion rate inded down to no vial size if within	earest vial siz	e if within	5% of calcula	ated dose. Bir	ological a	gents '	will be rout	nded down to		
Chemotheras	Dose	per Red	<b>Dose</b> duction* mg/m², kg, AUC)	Calculated Dose	Dispers	ed g to R eted	oute	Infusion Rate	RPh / Nurse initials		
Vercade	1.3m	glma		3me	3	8	Ø0A				
								,			
				1							
*If using a dose			-	17	7	-		ી છે	່ ລຸກ		
*If using a dose reduction, please provide rationale:  MD Name (Print) Rown Have MD Signature  Date/Time 2/10/20											
RN Name (Print)	ture!				Date/Time						
RPh Name (Print) RPh Sign				ture	[	Date/Time					