ORANGE REGIONAL MEDICAL CENTER

CHEMOTHERAPY ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN: Patient Name: _Dylan Richard_ DOB: _4-18-4_

Date Written: _11-19_	Date of Administration:
Diagnosis: _DLBC_	TNM Stage:
Protocol / Regimen: _R-CHOP q 21 days x 6 cycles + Neulasta_	Cycle: _3_ of: _6_ Day:

Allergies: ☒ NKDA

Venous Access: ☐ Peripheral ☐ Central

Height ___ ft ___ In	Weight ___ kg	☐ Actual ☐ Ideal ☐ Adjusted ☐ Dosing	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: ○ 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.

Chemotherapy	Dose per Unit (m², kg, AUC)	Dose Reduction* (mg/m², mg/kg, AUC)	Calculated Dose	Dose Dispensed (Rounding to be completed by RPh)	Route	Infusion Rate	RPh / Nurse initials
Neulasta	6mg		SC 24 hours after chemo completion				

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

MD Name (Print): _Angela Nardi_ MD Signature ___ Date/Time ___

RN Name (Print) ___ RN Signature ___ Date/Time ___

RPh Name (Print) ___ RPh Signature ___ Date/Time ___