

Blamped, Jason
191 Ulster Ave
Ulster Park, NY 12487
D.O.B: 11-17-2002
Patient Label



CHEMOTHERAPY ORDERS

TO BE COMPLETED BY PHYSICIAN:		Patient Name: <u>Jason Blamped</u>		DOB: <u>11-17-02</u>	
Date Written: <u>12/27/19</u>		Date of Administration: <u>1/10/20 @ 1 PM</u>			
Diagnosis: <u>K50.90 Crohn's Disease</u>		TNM Stage:		Allergies: <input type="checkbox"/> NKDA <u>Penicillin</u>	
Protocol / Regimen: <u>REMICADE</u>		Cycle: of: Day:			
Venous Access: <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> Central					
Height <u>5'2"</u>	Weight <u>77.27 kg</u> <u>(170 lbs)</u>	<input checked="" type="checkbox"/> Actual <input type="checkbox"/> Ideal <input type="checkbox"/> Adjusted <input type="checkbox"/> Dosing	Body Surface Area (m ²)	Emetic Level <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> High	
Lab Orders: <input type="checkbox"/> CBC/DIFF <input type="checkbox"/> BMP <input type="checkbox"/> Magnesium <input type="checkbox"/> 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: <input type="checkbox"/> Sodium Chloride 0.9% to KVO (20 mL/hr) <input type="checkbox"/> Dextrose 5% to KVO (20 mL/hr)					
<u>Tylenol 650 mg PO x1 do!</u>				<u>30 min</u>	
<u>Benzadryl 25 mg PO x1 do!</u>				<u>prior to infusion</u>	

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
Remicade	5mg/Kg		385 mg		IV		

*If using a dose reduction, please provide rationale:
MD Name (Print): Eynette Culcas Signature: [Signature] Date/Time: 1/7/2020
RN Name (Print): _____ RN Signature: _____ Date/Time: _____
RPh Name (Print): _____ RPh Signature: _____ Date/Time: _____