

OUTPATIENT INFUSION CENTER
ORANGE REGIONAL MEDICAL CENTER
NEW PATIENT INTAKE FORM
(MUST BE USED EVERYTIME A NEW PATIENT IS TO BE SCHEDULED)

NAME: Long, Curtis
DOB: 2/16/1957
PT'S PHONE #: 845 567-0840 / cell 845-420-9584
PROCEDURE: Chemotherapy
DURATION: Gemzar, Eloxatin
DIAGNOSIS: Pancreatic Cancer
NAME OF PERSON TALKED TOO: _____
PHYSIAN & PHONE: DR. Konlewa
INSURANCE: None
ALLERGIES: NKA

IMMEDIATELY AFTER MAKING THE APPOINTMENT, FAX THIS FORM AND COPY OF
SCRIPT FOR AUTHORIZATION AND PRE-REGISTRATION PROCESS: EXT 1715

*PLEASE SEND A COPY TO PHARMACY IF PATIENT IS TO RECEIVE CHEMOTHERAPY:
EXT 1124

STACY BUDD
PHONE: (845) 333-1905
FAX: (845) 333-1902

ALLISON ROCHE
PHONE: (845) 333-1906
FAX: (845) 333-1902



CHEMOTHERAPY ORDERS

Long, Curtis
DOB 2-16-1957
Dr KOUKOVA
Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name: Long, Curtis DOB: 2-16-1957

Date Written: 9-19-17

Date of Administration:

Diagnosis: CA Tailor pancreas (C25.2)

TNM Stage:

Protocol/Regimen:
Oxaliplatin 100mg/m²
Gemcitabine 1000mg/m²

Cycle 1 of 12

Day
Every 14 daysAllergies: ☒ NKDAVenous Access: ☒ Peripheral ☐ Central

Height

6 ft 4 in

Weight

132 kg

☐ Actual☐ Ideal☐ Adjusted☒ DosingBody Surface
Area (m²)

2.66

Emetic Level

☐ Minimal☒ Moderate☐ High

Lab Orders:

☒ CBC/DIFF☒ CMP

Magnesium

UA

Hold Parameters:

ANC less than: 1500 WBC less than: 3.0 PLT less than: 95 Hgb/Hct less than: 8.5 SGr greater than:

Non-chemotherapy orders:

RPh Initials / Nurse Initials

☒ IV Fluids: NS @ KVO (20 mL/hr)

Emlend 150 mg IV

Ondansetron 16 mg IV

Decadron 10 mg IV

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
Oxaliplatin	100mg/m ²		266mg		IV	120 min	
Gemcitabine	1000mg/m ²		2660mg		IV	30 min	

*If using a dose reduction, please provide rationale:

MD Name (Print)

L. Koukova

MD Signature

L. Koukova

Date/Time

9-19-17

RN Name (Print)

RN Signature

Date/Time

RPh Name (Print)

RPh Signature

Date/Time

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	µg
IU	MSO ₄	MgSO ₄	SQ	SL	

Long, Curtis
DOB: 2-16-1957
DR KOULOVA

Patient Label

Date & Time

Malignant Neoplasm Tail of Pancreas (C.25.2)
WEEKLY LABS: CBC/diff, CMP, MAG

"Medications will be dispensed in accordance with the hospital formulary system"

Prescriber Signature:

[Signature]

Print Name:

L. KOULOVA

Date/Time:

9-19-17

Nurse Signature:

Print Name:

Date/Time:

□ T.O. RBV

Fax to Pharmacy ☐

Time Faxed:

Long, Curtis

BSA 2.66

MRN: 818137538

Description: 60 year old male

Office Visit 9/18/2017

Provider: Lidia Koulova, MD (Hematology)

GOSHEN MEDICAL

Primary diagnosis: Malignant neoplasm of tail of pancreas (HCC)

HEMATOLOGY ONCOLOGY

Reason for visit: Cancer; Referred by Lidia Koulova, MD

Progress Notes

Lidia Koulova, MD (Physician) • Hematology

HEMATOLOGY/ONCOLOGY Progress Note

Curtis Long

2/18/1957

Chief complaint:

Chief Complaint

Patient presents with

- Cancer

F/u post visit in ER with c/o R leg swelling and tenderness after stopping anticoagulation for EGD with EUS.

Meds:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• ondansetron hcl (ZOFTRAN, AS HYDROCHLORIDE,) 4 mg tablet	Take 1 Tab by mouth every eight (8) hours as needed for Nausea.	45 Tab	2
• lisinopril-hydroCHLORothiazide (PRINZIDE, ZESTORETIC) 20-25 mg per tablet	Take by mouth daily.		
• bimatoprost (LUMIGAN) 0.01 % ophthalmic drops	Administer 1 Drop to both eyes every evening.		
• apixaban (ELIQUIS) 5 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	1

Objective:

Vital Vitals

- BP 136/72
- Pulse 71
- Ht 8' 4" (1.93 m)
- Wt 291 lb (132 kg)
- SpO2 97%
- BMI 35.42 kg/m2

O2 Sat (%): 97 %

Review of Systems denies N/V, bleeding, SOB, CP, fever, headache, back or abdominal pain; C/o R leg swelling and tenderness.

Physical examination: No acute distress.

HEENT: NCIAT, PERRLA, oropharynx clear

Neck: supple, no lymphadenopathy, no JVD

Lungs: CTA bilaterally, no rhonchi, no wheezes, no rales

CV: RRR, no murmurs, rubs or gallops

Abd: soft, nontender, nondistended, normoactive bowel sounds, no masses, no hepatosplenomegaly

Ext: + RLE edema

Results for orders placed or performed in visit on 09/13/17

CBC WITH AUTOMATED DIFF

Result	Value	Ref Range
WBC	9.3	4.0 - 11.0 x10E3/uL
RBC	4.91	4.20 - 6.00 x10E6/uL
HGB	14.9	12.5 - 17.5 g/dL
HCT	43.9	38.0 - 52.0 %
MCV	89	80 - 102 fL
MCH	30.3	25.0 - 33.0 pg
MCHC	33.9	30.0 - 35.0 g/dL
NEUTROPHILS	74.5 (H)	40.0 - 70.0 %
Lymphocytes	17.2	15.0 - 45.0 %
MONOCYTES	5.1	2.0 - 10.0 %
EOSINOPHILS	2.5	0.0 - 7.0 %
BASOPHILS	0.8	0.0 - 2.0 %
ABS. NEUTROPHILS	6.9	1.8 - 7.8 x10E3/uL
Abs Lymphocytes	1.6	1.0 - 4.5 x10E3/uL
ABS. MONOCYTES	0.6	<1.0 x10E3/uL
ABS. EOSINOPHILS	0.2	<0.7 x10E3/uL
ABS. BASOPHILS	0.1	<0.3 x10E3/uL
RDW-CV	14.0	11.5 - 15.0 %
PLATELET	259	150 - 450 x10E3/uL
MEAN PLATELET VOLUME	7.9	6.8 - 13.0 fL

METABOLIC PANEL, COMPREHENSIVE

Result	Value	Ref Range
Glucose	110 (H)	85 - 99 mg/dL
BUN	16	7 - 25 mg/dL
Creatinine	1.10	0.50 - 1.30 mg/dL
eGFR if African American	83	>80
Estimated GFR	88	>80
BUN/Creatinine ratio	14.5	5.3 - 50.0
Sodium	137	135 - 148 mmol/L
Potassium	5.0	3.5 - 5.5 mmol/L
Chloride	99	98 - 110 mmol/L
CO2	30	21 - 33 mmol/L
Calcium	10.3	8.8 - 10.4 mg/dL
Protein, total	7.0	6.2 - 8.3 g/dL
Albumin	4.8	3.3 - 5.1 g/dL
Globulin	2.2	1.8 - 3.6 g/dL
A-G Ratio	2.2	0.9 - 2.4 Ratio
Alk. phosphatase	285 (H)	40 - 115 IU/L
AST (SGOT)	48 (H)	10 - 40 IU/L
ALT (SGPT)	61 (H)	9 - 50 IU/L
Bilirubin, total	1.2	0.2 - 1.2 mg/dL

PROTHROMBIN TIME + INR

Result	Value	Ref Range
Prothrombin time	16.2 (H)	11.8 - 14.1 Seconds
INR	1.33 (L)	2.00 - 3.00 Ratio

Assessment/Plan:

	ICD-10-CM	ICD-9-CM
1. Malignant neoplasm of tail of pancreas (HCC)	C25.2	157.2
2. Liver metastasis (HCC)	C78.7	197.7
3. Coagulopathy (HCC)	D68.9	286.9
4. VTE (venous thromboembolism)	I82.90	453.9
5. Recurrent deep vein thrombosis (DVT) of right lower extremity (HCC)	I82.401	453.40
6. Anticoagulation adequate	Z79.01	V58.61
7. Abnormal LFTs (liver function tests)	R79.89	790.8

Problem List as of 9/18/2017

Date Reviewed: 9/18/2017

	Codes	Class	Noted - Resolved
Malignant neoplasm of tail of pancreas (HCC)	ICD-10-CM: C25.2 ICD-9-CM: 157.2		9/18/2017 - Present
Liver metastasis (HCC)	ICD-10-CM: C78.7 ICD-9-CM: 197.7		9/18/2017 - Present
Coagulopathy (HCC)	ICD-10-CM: D68.9 ICD-9-CM: 286.9		9/18/2017 - Present
VTE (venous thromboembolism)	ICD-10-CM: I82.90 ICD-9-CM: 453.9		9/18/2017 - Present
Recurrent deep vein thrombosis (DVT) of right lower extremity (HCC)	ICD-10-CM: I82.401 ICD-9-CM: 453.40		9/18/2017 - Present
Anticoagulation adequate	ICD-10-CM: Z79.01 ICD-9-CM: V58.61		9/18/2017 - Present
Abnormal LFTs (liver function tests)	ICD-10-CM: R79.89 ICD-9-CM: 790.8		9/18/2017 - Present

Stage IV - adenocarcinoma of pancreatico-biliary origin (Ca 19-9 is over 41k): Multiple liver metastatic lesions and mass in the tail of pancreas. Patient has worsening in the symptomatic bilateral DVT after holding anticoagulation to accommodate an EGD with EUS biopsy for pancreatic mass. For that reason it was decided to hold the procedure for now (d/w Dr. Gupta). Laboratory results reveal: No evidence of cytopenia; LFTs: Mild increase in bilirubin to 1.4 and increased alkaline phosphatase to 297, borderline elevation of AST (54) and ALT (57). **Salvage Chemotherapy planning:** The Pt refuses to have Nab-Paclitaxel b/c the albumin component in it (Jehovah witness). Suggested salvage regimen with Oxaliplatin (100 mg/m²) and gemcitabine (1000 mg/m²) given for 100 min. on day one of each cycle, every 2 weeks.

The side effects of myelotoxicity, neuropathy, infection, fatigue between others were explained in details. The GF support with Procrit and neupogen was also discussed. Patient understands and agrees with treatment plan.

Neuropathy in the setting of malignancy: Bilateral proximal and distant DVT in lower extremity and bilateral PE. The patient is on Eliquis because he does not want to use injectable Lovenox.

Continue with maintenance dose of Eliquis 5 mg every 12 hours.

Placement of MediPort cannot be recommended at this time because of high risk for VTE when the anticoagulation is on hold.

45 min visit with more than 80% of time in discussion, explanation of results and treatment planning with coordination of care

Signed:

Lidia Koulova, MD

9/18/2017

8:12 PM

Instructions

☒ Return in about 3 weeks (around 10/9/2017).

Additional Documentation

Vitals: BP 135/72 Pulse 71 Ht 5' 4" (1.63 m) Wt 291 lb (132 kg) SpO2 97% BMI 35.42 kg/m2

BGA 2.66 m2 More Vitals

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 9/18/2017 8:43 PM

	Refills	Start Date	End Date
Added: ondansetron hcl (ZOFTRAN, AS HYDROCHLORIDE,) 4 mg tablet	2	9/18/2017	

Take 1 Tab by mouth every eight (8) hours as needed for Nausea. - Oral

Visit Diagnoses

Malignant neoplasm of tail of pancreas (HCC) C25.2

Liver metastasis (HCC) C78.7

Coagulopathy (HCC) D58.9

VTE (venous thromboembolism) I82.80

Recurrent deep vein thrombosis (DVT) of right lower extremity (HCC) I82.401

Anticoagulation adequate Z79.01

Abnormal LFTs (liver function tests) R79.89