

F A X S H E E T

Date: Feb-10-2020 10:22:13
To: ORMC Infusion
Subject: Patient Document
Fax Number: 845-333-9400
To Company:
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From Company: HMG Goshen GI-70 Hatfield
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Number of Page(s): 2

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CHEMOTHERAPY ORDERS

Kelly Mcmann
1/26/89
Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name: K. Mcmann

DOB: 1/26/89

Date Written: 1/29/20

Date of Administration: 2/15/20

Diagnosis: Crohn's

TNM Stage:

Allergies: ☒ NKDA

Protocol / Regimen -

Remicade 5mg/kg IV

Cycle of
Day

Venous Access: ☐ Peripheral ☐ Central

Height

ft 62 in

Weight

56 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: NS @ 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 (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
<u>Remicade</u>	<u>5mg/kg</u>		<u>280mg</u>		<u>IV</u>		

*If using a dose reduction, please provide rationale:

MD Name (Print) Dr. Ellis

MD Signature [Signature]

Date/Time 1/29/20

RN Name (Print) Ciera A.

RN Signature [Signature]

Date/Time 1/29/20

RPh Name (Print)

RPh Signature

Date/Time

