Garnet Health

Antineoplastic Order Sheet

Wells, Hilary
10/06/47
Patient Label

Orders must be written explicitly (Day 1, 2, 3 never Day1-3). If the antineoplastic regimen (drugs) are the same, multiple days may be written on a single order sheet. If the regimen or drug therapies vary on a particular day or cycle, this ORDER MUST be written separately and indicated as such.

TO BE COMPLETED BY PHYSICIAN:	PATIENT NAME: DOB:		
Date Written: 7/29/2020	Date of Administration:		
Diagnosis: Osteoporosis	TNM Stage:	Body Surface Area (m^2)	Allergies:
Protocol/Regimen: Prolia	Cycle of Day of		☐ No Known Drug Allergies
Venous Access: ☐ Peripheral ☐ Central			
Height Ft In	Weight ____kg ☐ Actual ☐ Ideal ☐ Adjusted ☐ Dosing		Emetic Level ☐ Mild ☐ 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	RN Initials
IV Fluids: ☐0.9% Sodium chloride at 20mL/hour ☐Dextrose 5% at 20mL/hour		
Tylenol 650 mg PO x1		
Morphine Injection		

Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to the nearest vial size if within 5% of calculated dose. Biologic agents will be rounded to the nearest vials 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 completed by RPh)	Route	Infusion Rate	RPh Initials	RN Initials
denosumab (Prolia)			60mg every 6 months		SQ	per protocol		

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

MD Name (print) Bella Fradkin MD Signature: _____ Date: 7/29/20 Time: ____

RN Name (print) _____ RN Signature: _____ Date: _____ Time: _____

RPh Name (print) _____ RPh Signature: _____ Date: _____ Time: _____

Jul. 29. 2020 11:37AM No. 2913 P. 1