

Chemotherapy Orders GENERIC ORDERS

Date chemotherapy to be given: _____

Height: _____ inches cm
 Weight: _____ lbs. kg
 actual ideal
 BSA used for calculations: _____ m²

For AUC calculations:
 Age: _____
 Serum Creatinine: _____
 Calculated GFR: _____

Treat only if: WBC ≥ _____ ANC ≥ _____ Platelets ≥ _____
 Serum Creatinine ≤ _____ Other _____

Type of cancer being treated: _____
Drug Regimen to be used: _____

Pre-hydrate with _____ (solution) with _____ (additives) at _____ ml/hr x _____ hours

Pre-medicate: 30-60 minutes prior to chemotherapy with
 Anzemet _____ mg IVP or Zofran _____ mg IVPB
 Decadron _____ mg slow IVP or in _____ cc NS or _____ over 30 minutes
 Other _____ Other _____

Chemotherapy Drug #1 _____ (drug name) at a dose of _____ mg/m² x _____ BSA = _____ mg in _____ ml of _____ (solution) _____ (route) over _____ minutes/hours

Chemotherapy Drug #2 _____ (drug name) at a dose of _____ mg/m² x _____ BSA = _____ mg in _____ ml of _____ (solution) _____ (route) over _____ minutes/hours

Chemotherapy Drug #3 _____ (drug name) at a dose of _____ mg/m² x _____ BSA = _____ mg in _____ ml of _____ (solution) _____ (route) over _____ minutes/hours

Chemotherapy Drug #4 _____ (drug name) at a dose of _____ mg/m² x _____ BSA = _____ mg in _____ ml of _____ (solution) _____ (route) over _____ minutes/hours

Post-hydrate with _____ (solution) with _____ (additives) at _____ ml/hr x _____ hours

Physician Signature: _____ Date: _____



**CHEMOTHERAPY
ORDERS—
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