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: ___________