

Order Sheet

Name		Acct. #	Diagnosis		Date:
Protocol Zometa		ALL:	Venous Access Device <input type="checkbox"/> Yes <input type="checkbox"/> No		DOCTOR No.: 1 4 7 9 30
Height	Weight	BSA	m ²	<input type="checkbox"/> Change/New <input type="checkbox"/> Repeat <input type="checkbox"/> Rockville <input type="checkbox"/> Kensington	

PRE CHEMO LABS: _____

Hold chemotherapy for: WBC < _____ Platelets < _____ Other: _____

Proceed with chemotherapy if: WBC ≥ _____ Platelets ≥ _____ Standard

PRE HYDRATION ORDERS: D5½NS with 20mEq KCl/L x _____ liters over _____ hours

Other: _____
 may hold hydration during chemotherapy infusion

POST HYDRATION ORDERS: D5½NS with 20mEq KCl/L x _____ liters over _____ hours

Other: _____

Procrit _____ u
SQ Q week
for HCT <36
 Start Date: _____ Init: _____

ANTIEMETIC REGIMEN

- Decadron _____ mg in 50cc NS IVPB over 15 min.
- Dolasetron mesylate (Anzemet) _____ mg in 50cc NS IVPB over 15 min.
- Ondansetron (Zofran) _____ mg in 50cc NS IVPB over 15 min.
- Lorazepam (Ativan) _____ mg in 50cc NS IVPB over 15 min.
- Promethazine HCL (Phenergan) _____ mg in 50cc NS IVPB over 15 min.
- Other: _____

PREMEDICATIONS

- Mannitol 12.5 grams in 50cc NS IVPB over 15 min. prior to Cisplatin
- Diphenhydramine 25/50 mg. in 50cc NS IVPB over 15 min. prior to Paclitaxel
- Cimetidine (Tagamet) 300 mg. in 50cc NS IVPB over 15 min. prior to Paclitaxel
- Amifostine (Ethyol) _____ mg. (740 mg/m²) IVP/IVPB prior to chemotherapy, A.S.O*
- Furosemide _____ mg. IVP, prior to chemotherapy
- Other: _____

Date of Rx	Drug Name (Generic Name - Do Not Abbreviate)	Dose (Mg/m ²)	Total Daily Dose	Route (IV, IM, SC, PO, IVP)	Duration	MD Signature
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	
	Zometa	—	4 mg.	IV	15 min.	

Treatment/Dosage Modification Related to: toxicity change in BSA progression of disease other: _____

*According to Standard Orders

Physician Signature _____

Date _____



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CENTER FOR CANCER AND BLOOD DISORDERS – CHEMOTHERAPY ORDER FORM
6420 Rockledge Drive ♦ Suite 4100 ♦ Bethesda, Maryland 20817

Name: _____ Acct. No.: _____ Date: _____

Diagnosis: _____ Protocol: _____ New/Change Repeat Port: Yes No

VMP RVB GMM Height: _____ in. Weight: _____ lbs. BSA: _____ m²

PRE CHEMO LABS: _____

Hold chemotherapy for: WBC < _____ Platelets < _____ Other: _____

Proceed with chemotherapy if: WBC ≥ **3,000** Platelets ≥ **100,000** Standard

PRE HYDRATION ORDERS: D5½NS with 20mEq KCl/L x _____ liters over _____ hours

Other: _____
 may hold hydration during chemotherapy infusion

POST HYDRATION ORDERS: D5½NS with 20mEq KCl/L x _____ liters over _____ hours

Other: _____

ARANESP/Procrit _____
SQ Q week
for Hgb <12
Start Date: _____ Init: _____

ANTIEMETIC REGIMEN

- Decadron _____ mg in 50cc NS IVPB over 15 min.
- Dolasetron mesylate (Anzemet) _____ mg in 50cc NS IVPB over 15 min.
- Ondansetron (Zofran) _____ mg in 50cc NS IVPB over 15 min.
- Kytril _____ mg
- Lorazepam (Ativan) _____ mg in 50cc NS IVPB over 15 min.
- Promethazine HCL (Phenergan) _____ mg in 50cc NS IVPB over 15 min.
- Tylenol 650 mg PO _____
- Other: _____

PREMEDICATIONS

- Diphenhydramine 25/50 mg. PO/IV in 50cc NS over 15 min.
- Cimetidine (Tagamet) 300 mg. in 50cc NS IVPB over 15 min. prior to Paclitaxel
- Amifostine (Ethylol) _____ mg. IV/SC prior to chemotherapy/radiation IV over 10 seconds, _____ (frequency)
- Furosemide _____ mg. IVP, prior to chemotherapy
- Other: _____

Date of Rx	Drug Name (Generic Name - Do Not Abbreviate)	Dose (Mg/m ²)	Total Daily Dose	Route (IV, IM, SC, PO, IVP)	Duration	MD Signature for Weekly Chemo

GCSF _____ mcg SQ QD x _____ . Start: _____

Treatment/Dosage Modification Related to: toxicity change in BSA progression of disease other: _____

Physician Signature _____

Date _____

