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PARENTERAL CHEMOTHERAPY ORDER SHEET

(All Parental Chemotherapy Orders must be written on this form)

PATIENT IDENTIFICATION

I. PATIENT INFORMATION:

1. Diagnosis: _____

2. Cycle #: _____ out of _____ Staging: T- _____ N- _____ J- _____ M- _____ AJCC- _____

3. Informed Consent: YES NO

4. IV Access Type: _____

5. HGT: _____ WT: _____ BSA: _____ (m²)

6. OTHER ORGAN DYSFUNCTION: Renal Cardiac Hepatic Pulmonary Other _____

7. Allergies: None Known Drugs (list): _____ Other _____

II. TREATMENT PROTOCOL:

Standard Approved Protocol Copy of Article Attached Journal Publication / copy of article attached.

Research Protocol Article Previously Submitted

III. CURRENT LAB RESULTS:

DATE: _____

WBC/ANC _____ / _____ Hgb/Hct _____ / _____ Plts _____ Bili _____

BUN/Cr _____ / _____ Cr. Cl. _____ Alk Phos _____ Others _____

MUGA / ECHO, E F _____

IV. PRE & POST HYDRATION (IV Fluids/Additives, Rate and Duration):

V. ANTIEMETIC PROTOCOL AND PRE-MEDICATIONS:

VI. CHEMOTHERAPY	Dose mg/m ² or mg/kg	Dose to be given	Route/Solution Volume	Frequency & Duration

PRINTED MD NAME: _____ MD SIGNATURE: _____ BPR #: _____ DATE: _____ TIME: (Military Time) _____

PRINTED NURSE NAME: _____ NURSE SIGNATURE / TITLE: _____ BPR #: _____ DATE: _____ TIME: (Military Time) _____

WHITE COPY = Chart YELLOW COPY = Pharmacy

Order Fax

INITIAL: _____ TIME: (Military Time) _____

PART OF THE MEDICAL RECORD