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ONCOLOGY CHEMOTHERAPY ADMINISTRATION RECORD

PATIENT IDENTIFICATION

DATE:	CYCLE of CHEMOTHERAPY:	CHEMOTHERAPY Day _____ of _____
Chemotherapy orders reviewed, dosage & BSA checked by 2 RN's? <input type="checkbox"/> YES <input type="checkbox"/> NO		RN's INITIALS: _____
Chemotherapy consent obtained and signature on record? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", why? _____		

Venous Access:

Type of Venous Access: PERIPHERAL IV MIDLINE IMPLANTED PORT PICC GROSHONG/HICKMAN TEMPORARY

CENTRAL LINE Notes / Comments: _____

Blood return present? YES NO Comments: _____

Lab & Test Data: See Previous Day's CHEMOTHERAPY ADMINISTRATION RECORD

Date of Most Current Labs Available: _____ **LAB RESULTS:** WBC: _____ HgB: _____ Hct: _____ Plts: _____

Creatinine Clearance (call if <70mg / min & giving Cisplat) _____ Creat: _____ ANC: _____ BUN: _____ MUGA: _____

OTHER PERTINENT LABS (Must have results of current CBC): _____

Pre / Post Hydration:

Prehydration Orders: <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" >	Time Started	Type:	Rate:	Amt Infused:	Time Finished:
Posthydration Orders: <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" >	Time Started	Type:	Rate:	Amt Infused:	Time Finished:

Main IV Fluid / Continuous IV Fluid: See IV Flow Sheet

If "Yes" >	Time Started	Type:	Rate:	Amt Infused:	Time Finished:
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Patient Teaching: YES NO Chemotherapy Interdisciplinary Teaching Flowsheet Initiated / Reinforced

PREMEDICATIONS					
TYPE	DOSE	ROUTE: If IV, amount of solution & rate	Start Time & Initials	End Time	COMMENTS

CHEMOTHERAPY					
DOSE & TYPE of CHEMOTHERAPY	DOSE	ROUTE: If IV, amount of solution & rate	Start Time & Initials	End Time	COMMENTS

PART OF THE MEDICAL RECORD

