

REVISED December 2014

Date written _____ To begin _____

Patient's: Height _____ cm	Weight _____ kg	BSA _____ m ²	
Allergies: <input type="checkbox"/> NO <input type="checkbox"/> Yes: _____		Diagnosis _____ Metastatic Site _____	

1. Laboratory Studies: CBC, DIFF, PLT, CMP (CMP day 1 only)
 Notify MD if ANC <1500 or PLT <100K or Bilirubin abnormal
 Additional labs needed prior to chemo: _____
 RN to record labs and other information requested on grid, and sign
2. Consent Obtained?
 Yes Preprinted Consent
3. Premedications: (For all cycles, unless otherwise specified)
Ondansetron 16 mg PO (or IV if not tolerating PO) 30 minutes pre-chemo
4. Chemotherapy dose calculation

Cycle # _____ of _____ Planned

				If chemo delayed
Day	1	8	15	
Date				
Weight/BSA				
WBC/ANC				
Hb/Hct				
Platelets				
T Bili (must be normal to proceed)		XXX	XXXX	
Dose delayed or not given (reason)				
RN Signature				

Nab-paclitaxel Full dose: 125 mg/m²= _____ mg

Instead of full dose, give _____ % of dose = _____ mg
 IV over 30 minutes on days 1, 8, and 15 of a 28 day cycle

Gemcitabine Full dose: 1000 mg/m²= _____ mg

Instead of full dose, give _____ % of dose = _____ mg
 in 500 ml Normal Saline IV over 30 minutes on days 1, 8, and 15 of a 28 day cycle

5. Growth factors: None
 pegfilgrastim 6 mg subcutaneously day 16 or 17 of chemo regimen.

Preparer's Signature _____ Date _____

Attending's Signature _____ Printed name _____ Pager number _____ Date _____ Time AM/PM _____

