

Revised: September 2014				
Date written To beg Patient's: Height cm Weight kg	in			
Patient's: Height cm Weight kg	g BSA	_m²		
Allergies: No Yes: Di	agnosis	Metastatic Sit	e	
1. Laboratory Studies: CBC, DIFF, PLT Notify MD if ANC <1500 or PLT <100K		Cycle #	_ of	_ Planned
Additional labs needed prior to chemo:				
RN to record labs and other information requested of	on grid, and sign			If chemo delayed
2. Consent Obtained?		Day	1	
 Yes: □ Preprinted Consent 3. Infusion Room General Order Set will be initiated 4. Premedications: Dexamethasone 20 mg po Ondansetron 16 mg po 30 min prior to chemo 				
		Date		
		Weight/BSA		
		WBC/ANC		
		Hb/Hct		
		Platelets		
		Dose delayed or not		
		given (reason)		
4. Chemotherapy:		RN Signature		
Doxorubicin Full dose: 50mg/m ² =	mg			
☐ Instead of full dose, give IV push	% of dose =	mg Reason:		
Vincristine ☐ Full dose: 1.4 mg/m²=	mg (max 2	mg)		
☐ Instead of full dose, give IV push	% of dose =	mg Reason:		
Cyclophosphamide	g/m²=m	g		
☐ Instead of full dose, give	% of dose -	ma Dancon:		
IV infuse over 30 min	/0 of dosc = _	mg Keason		
Prednisone 100 mg po daily x 5 days (R	equires Rx)			
5. Growth factor: ☐ None ☐ pegfilgrastim 6 m	g subcutaneously	day 2 or 3 of chemo re	egimen	
Preparer's Signature	Date			
Attending's Signature Printed name	Pager num	ber Date	Time	AM/PM

