PENNSTATE HERSHEY
Cancer Institute

REVISED August 2013

Pemetrexed (Alimta)/CARBOPLATIN

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____Diagnosis _____Metastatic Site _____

1. Laboratory Studies: CBC, DIFF, PLT
Notify MD if ANC <1500 or PLT <100K
☐Additional labs needed prior to first dose chemo_____
RN to record labs and other information requested on grid, and sign

2. Consent Obtained?
   - ☐ Yes
     - ☐ Preprinted Consent
     - ☐ See Dictated Note
     - ☐ Note in Chart

3. Infusion Room General Order Set will be initiated

4. Premedications: (For all cycles, unless otherwise specified)

Antiemetics: **Palonsetron 0.25 mg IV po 30 min pre- chemo**
Dexamethasone 20 mg po 30 min pre-chemo
_____
_____

5. Chemotherapy dose calculation:

Pemetrexed ☐ Full dose: 500 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV over 10 minutes every 21 days

Carboplatin AUC 5 / 6 =_____mg given IV over 30 min.

6. Vitamin B12:
☐ 1000 micrograms intramuscularly x 1 dose today.
☐ None needed

Cycle # _____ of _____ Planned

Day	1
Date	
Weight/BSA	
Dexamethasone taken?	
Folic Acid taken?	
Last dose of B_{12} (Should be ±9w)	
WBC/ANC	
Hb/Hct	
Platelets	
Dose delayed or not given (reason)	
RN Signature	

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER

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Vitamin B12 1000 micrograms intramuscularly x 1 Dose

Signature_____ Date_____ Time_____ AM/PM

MR CHEMO ORDER