

REVISED: September 2014

AZACITIDINE

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

Notify MD if WBC > 20K, PLT < 20K, and/or Hb < 8g/dL

Additional labs needed prior to chemo: _____

RN to record labs and other information requested on grid, and sign

2. Consent Obtained?

Yes: Preprinted Consent

2. Infusion Room General Order Set will be initiated

3. Premedications:

Ondansetron 8 mg po 30 minutes prior to chemo

4. Chemotherapy dose calculation:

Azacitidine Full dose: 75 mg/m² = _____ mg

Instead of full dose, give _____ % of dose = _____ mg Reason: _____

Subcutaneously

IV

daily x 5 days

daily x 7 days

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
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