PENNSTATE HERSHEY
Cancer Institute

CHOEP

Blood 2004, 104(3) 634

Revised: September 2014

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____ Diagnosis_____ Metastatic Site _____

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Dose delayed or not given (reason)		
RN Signature		

1. Laboratory Studies: CBC, DIFF, PLT
Notify MD if ANC <1500 or PLT <100K
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. Infusion Room General Order Set will be initiated
4. Premedications:
Dexamethasone 20 mg po day 1 only
Ondansetron 16 mg po 30 min prior to chemo days 1-3
_____

4. Chemotherapy:
Doxorubicin ☐ Full dose: 50mg/m^2=_____mg

☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
IV push day 1 only

Vincristine ☐ Full dose: 1.4 mg/m^2=_____mg (max 2 mg)

☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
IV push day 1 only

Cyclophosphamide ☐ Full dose: 750 mg/m^2=_____mg

☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
IV infuse over 30 min day 1 only

Etoposide ☐ Full dose: 100 mg/m^2=_____mg

☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
IV infuse over 1 hour days 1-3

Prednisone 100 mg po daily x 5 days (Requires Rx)

5. Growth factor: ☐ None ☐ pegfilgrastim 6 mg subcutaneously day 4 or 5 of chemo regimen

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER