

REVISED July 2013

ABVD Day 1 Page 1 of 2

Date written	10 begin							
Patient's: Height Allergies: □No □	cm Weight	kg BSA Diagnosis	BSAm² nosisMetastatic Site					
Laboratory Studies: Notify MD if ANC <1500 or PLT <100K ☐ Additional labs needed prior to chemo:			Cycle # of Planned					
RN to record labs and oth 2. Consent Obtained?					If chemo delayed			
☐ yes ☐ Preprinted Consent ☐ ☐ Note in Chart ☐ no			Day Date	1				
3. Infusion Room General Order Set will be initiated 4. Premedications: (For all doses, unless otherwise specified) Ondansetron 16 mg po 30 min prior to chemo Dexamethasone 12 mg po 30 min prior to chemo Acetaminophen 650 mg po 30 min prior to chemo			Weight/BSA					
			WBC/ANC					
			Hb/Hct					
Aprepitant 150n	ng IV 30 min prior to clamp of BID days 2 and	hemo	Platelets Dose delayed or not given (reason) RN Signature					
I	oicin □ Full dose: 25 m □ Instead of ful ng IV push day 1 ine □ Full dose: 6 mg/r	l dose, give m²=mg	% of dose =					
I	☐ Instead of full V push day 1	l dose, give	_% of dose =	mg				
	in 🗖 Full dose: 10 units Instead of ful V day 1	s/m²=unit I dose, give	ts _% of dose =	units				
	zine Full dose: 375 i Instead of full V infuse over 1 hour da	l dose, give	ng _% of dose =	mg				
Preparer's Signature		Date						
Attending's Signature	Printed name	Pager number	Date	Time AM/F	PM			





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ABVD Day 15 Page 2 of 2

Date written	To begin						
Patient's: Height C	m Weight kg lYes: Dia	BSAn	m ² Metastatic Site				
1. Laboratory Studies:Notify MD if ANC <1500□ Additional labs needed			Cycle #	of P	lanned		
RN to record labs and other information requested on grid, and sign				If chemo delayed			
2. Consent Obtained? ☐ yes			Day	15			
☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart ☐ no Plan			Date				
			Weight/BSA				
4. Premedications: (For al	l doses, unless otherwise s	pecified)	WBC/ANC				
Ondansetron 16 mg po 30 min prior to chemo Dexamethasone 12 mg po 30 min prior to chemo Acetaminophen 650 mg po 30 min prior to chemo			Hb/Hct				
			Platelets				
Aprepitant 150mg IV 30 m Dexamethasone 4mg po Bl			Dose delayed or not given (reason)				
5. Chemotherapy dose calculation: Doxorubicin □ Full dose: 25 mg/m²=mg □ Instead of full dose, give mg IV push day 15			RN Signature % of dose = m	g			
	ne □ Full dose: 6 mg/m²: □ Instead of full d V push day 15	=mg lose, give	% of dose = m	g			
•	in □ Full dose: 10 units/n □ Instead of full d V day 15		% of dose = ur	iits			
	zine 🗖 Full dose: 375 mg 🗖 Instead of full d V infuse over 1 hour day	lose, give	g % of dose = m	g			
6. Growth factors: N p	one egfilgrastim 6 mg subcut	taneously day 16 o	or 17 of chemo regimen	1.			
Preparer's Signature		Date					
Attending's Signature	Printed name	Pager number	Date	Time AM	/PM		

