

REVISED November 2014

Date written \_\_\_\_\_ To begin \_\_\_\_\_

Patient's: Height _____ cm	Weight _____ kg	BSA _____ m <sup>2</sup>	
Allergies: <input type="checkbox"/> NO <input type="checkbox"/> Yes: _____		Diagnosis _____ Metastatic Site _____	

1. Laboratory Studies: CBC, DIFF, PLT, CMP (day 1 only)

Notify MD if ANC <1500 or PLT <100K or Bilirubin abnormal

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

**Ondansetron 16 mg PO (or IV if not tolerating PO) 30 minutes pre-chemo**

4. Chemotherapy dose calculation

<b>Cycle # _____ of _____ Planned</b>
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				If chemo delayed
Day	1	8	15	
Date				
Weight/BSA				
WBC/ANC				
Hb/Hct				
Platelets				
T Bili (must be normal to proceed)		XXX	XXXX	
Dose delayed or not given (reason)				
RN Signature				

**Nab-paclitaxel**  Full dose: 100 mg/m<sup>2</sup>= \_\_\_\_\_ mg

Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
 IV over 30 minutes on days 1, 8, and 15 of a 28 day cycle

**Gemcitabine**  Full dose: 1000 mg/m<sup>2</sup>= \_\_\_\_\_ mg

Instead of full dose, give \_\_\_\_\_ % of dose = \_\_\_\_\_ mg  
 in 500 ml Normal Saline IV over 30 minutes on days 1, 8, and 15 of a 28 day cycle

5. Growth factors:  None

pegfilgrastim 6 mg subcutaneously day 16 or 17 of chemo regimen.

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



MR CHEMO ORDER