PENNSTATE HERSHEY
Cancer Institute

ESHAP

REVISED August 2014

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____ Diagnosis _____ Metastatic Site_____

1. Laboratory Studies: Day one CBC, DIFF, PLT, Creatinine
Notify MD if ANC <1500 or PLT <100K or Creatinine abnormal
☐ Additional labs needed prior to chemo:_____
RN to record labs and other information requested on grid, and sign

Cycle # _____ of _____ Planned

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

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

3. Infusion Room General Order Set will be initiated

4. Premedications:
Hydration: **1000 ml NS /L, infuse over 2 hours, day 1 only**
Antiemetics: **Ondansetron 24 mg po 30 min prior to chemo days 1-**
Weigh Patient daily. If weight increases by >1 kg from day 1 weight, give Furosemide 20 mg IV Push that day. If Lasix given, check electrolytes, Mg+ BUN/Cr each day thereafter. Call MD if abnormal.

5. Chemotherapy (administer in the order written):
Days 1-4

Methylprednisolone ☐ Full dose: 500 mg
☐ Instead of full dose, give _____% of dose = _____ mg
infuse over 1 hour IV daily x 4 days 1-4
(Total dose 2000 mg)

Etoposide ☐ Full dose: 40 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
administered over 1 hour IV daily x 4 days 1-4
(Total dose 160 mg/m^2)

Cisplatin ☐ Full dose: 25 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
in 1 liter NS administered over 2 hours IV daily x 4 days 1-4
(Total dose 100 mg/m^2)

Dexamethasone 20 mg IV day 5 only, prior to Cytarabine

MR CHEMO ORDER

Day 5

Cytarabine ☐ Full dose: 2000 mg/m^2=_____mg

☐ Instead of full dose, give _____% of dose = _____ mg

Administered over 2 hours IV day 5 only

(Total dose 2000 mg/m^2)

6. Growth factors: ☐ None

☐ pegfilgrastim 6 mg subcutaneously day 6 or 7 of chemo regimen.

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER