

REVISED September 2014

BENDAMUSTINE

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, BMP
 Notify MD if ANC <1500 or PLT <100K or abnormal Creatinine
 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: (For all cycles, unless otherwise specified)
 Antiemetics: **Ondansetron 16 mg po**
 Dexamethasone 12 mg po

5. Chemotherapy:
CLL: Bendamustine Full dose: 100 mg/m² = _____ mg

Instead of full dose, give _____ % of dose = _____ mg Reason: _____
 IV over 30 minutes daily days 1 and 2 of a 28 day cycle

Lymphoma: Bendamustine Full dose: 120 mg/m² = _____ mg

Instead of full dose, give _____ % of dose = _____ mg Reason: _____
 IV over 60 minutes daily days 1 and 2 of a 21 day cycle

Being administered with rituximab: see attached order set

6. Growth factors: None
 pegfilgrastim 6 mg subcutaneously day 3 or 4 of chemo regimen.

Preparer's Signature _____ Date _____

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Cr Clearance >40		
Dose delayed or not given (reason)		
RN Signature		

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



MR CHEMO ORDER