PENNSTATE HERSHEY
Cancer Institute

Adjuvant Interferon Alfa-2B X 4

Revised August 2012

Date written _____ To begin _____

Patient's: Height _____cm Weight _____kg BSA____
Allergies: ☐ No ☐ Yes
Diagnosis: _____

1. Laboratory Studies:

CBC with differential and platelet count on:
day 1_____ day 8 _____ day 15_____ day 22 _____ day 29_____
*Call MD if ANC <1500, PLT <90,000
Bun, Creat, AST,ALT, LDH, Total Bilirubin on:
day 1_____ day 8 _____ day 15_____ day 22 _____ day 29_____
*Call MD if AST/ALT, Total bilirubin > 2 X upper limits of normal
Thyroid panel on day 1____

2. Consent Obtained ?
   - ☐ Yes
   - ☐ Preprinted Consent
   - ☐ See Dictated Note
   - ☐ Note in Chart
   - ☐ No Plan: _____
3. Infusion Room General Order Set will be initiated
4. Premedications Acetaminophen, 650mg PO q 6 hours, to start 15 minutes before Interferon dose
5. Medications: **Interferon Alfa-2B, 20million units/m^2 =_____million units (round to nearest 1million units) in 100ml Normal Saline IV over twenty minutes on days 1-5, 8-12, 15-19, 22-26.**
   Lorazepam, 1mg IV Push PRN anxiety or nausea
   Prochlorperazine. 10mg IV PRN nausea, may repeat in 2 hours x 1 PRN
   Morphine sulfate 4 mg IV Push PRN rigors, may repeat dose q 15 minutes x 2 if needed
   Consider continuous prophylactic use of SSRI anti-depressant
6. Pre/Post hydration: 500ml NS IV over 20 minutes
7. Nursing: Vital signs before Interferon infusion, then q30 minutes x 2 after Interferon.
   May discharge patient if stable after observation period.
   Write labs on flowsheet.
   Instruct patient on routine acetaminophen and PRN anti-emetic use.

MD/Preparer's Signature_____ Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
- ☐ No
- ☐ Yes

Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____

Dose	Days 1-5	Days 8-12	Days 15-19	Days 22-26
Date				
Weight/BSA				
Wbc/Anc				
Hb/Hct				
Platelets				
Interferon Alfa-2B million units IV				
MD/RN Signature				

MR CHEMO ORDER