PENNSTATE HERSHEY
Cancer Institute

REVISED July 2013

AC (q 2/3 Weeks)

Date written _____ To begin _____

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

1. Laboratory Studies: CBC, DIFF, PLT
Notify MD if ANC <1500 or PLT <100K
☐ Additional labs needed prior to chemo:
_____
RN to record labs and other information requested on grid, and sign
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: (For all cycles, unless otherwise specified)
   Palonosetron 0.25 mg IV push 30 minutes pre chemo.
   Dexamethasone 20 mg po 30 minutes pre chemo.
   _____
   _____

Cycle # _____ of _____ Planned

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

5. Chemotherapy (administer in the order written):

Doxorubicin ☐ Full dose: 60 mg/m^2 = _____ mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV Push

cumulative doxorubicin dose = _____ mg/m^2.

Cyclophosphamide ☐ Full dose: 600 mg/m^2 = _____ mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV infuse over 30 min.

6. Growth factors: ☐ None
☐ pegfilgrastim 6 mg subcutaneously day 2 or 3 of chemo regimen

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER