PENNSTATE HERSHEY
Cancer Institute

Escalated BEACOPP

Revised December 2015

Date written_____ Date to begin_____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____ Diagnosis: Hodgkin Lymphoma_____

Cycle # _____ of _____ Planned

			If chemo delayed
Day	1	8	
Date			
Weight/BSA			
WBC/ANC			
Hb/Hct			
Platelets			
Dose delayed or not given (reason)			
RN Signature			

1. Laboratory Studies: within 24 hrs of day one only;
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
3. Infusion Room General Order Set will be initiated.
4. Premedicate prior to each infusion with:

Ondansetron 16 mg orally 30 min prior to chemo Days 1-3

5. Chemotherapy

Day 1 _____
Date

Doxorubicin ☐ Full dose: 35 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV push day one only

Etoposide ☐ Full dose: 200 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV over 60 minutes daily on Days 1, 2 and 3

Cyclophosphamide ☐ Full dose: 1250 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV over 60 minutes Day 1 only

Day 2 _____ and Day 3 _____
Date Date

Etoposide ☐ Full dose: 200 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV over 60 minutes daily on Days 1, 2 and 3

See page 2

MR CHEMO ORDER

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Day 8 _____
Date

Acetaminophen 650 mg orally 30 min prior to Bleomycin Day 8 only

Vincristine ☐ Full dose: 1.4 mg/m^2=_____mg (max dose 2mg)
☐ Instead of full dose, give _____% of dose = _____ mg (max dose 2mg)
IV push on Day 8 only

Bleomycin ☐ Full dose: 10 units /m^2=_____units
☐ Instead of full dose, give _____% of dose = _____ units
IV over 15 minutes on Day 8 only

☐ pegfilgrastim 6 mg subcutaneously via OBI day 8 of chemo regimen.

Day 9 _____
Date
☐ None
☐ pegfilgrastim 6 mg subcutaneously day 9 of chemo regimen.

At home medications, require prescriptions:

Days 1 _____ through Day 7_____
Date Date

Procarbazine 100mg/m^2 (rounded to nearest 50 mg)=_____mg orally daily on Days 1-7
(Will need to be ordered in advance)

Days 1 _____ through Day 14 _____
Date Date

Prednisone 40mg/m^2 (rounded to nearest 5 mg)= _____mg orally daily on Days 1-14

Days 8 _____ through Day 15 _____
Date Date

Trimethoprim 160 mg/Sulfamethoxazole 800 mg one tablet orally BID days 8-15

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER