

CHEMOTHERAPY ORDERS

Only those items will be carried out

Chemotherapy Start Date: _____ Diagnosis: _____ Cycle #: _____ Freq: _____

Lab	Obtain the following, prior to chemotherapy:	<input type="checkbox"/> Use Lab results from ____/____/____ (At least 72 hrs prior to chemo)	<input type="checkbox"/> Pharmacy may order lab pertinent to dosing Calvert method for Carboplatin dosing: Target AUC X (CrCl + 25) = Dose in mg
	<input type="checkbox"/> CBC with differential <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> Notify provider of results <input type="checkbox"/> EKG <input type="checkbox"/> MUGA prior to administration <input type="checkbox"/> Qual. BHcg <input type="checkbox"/> Patient/caregiver education <input type="checkbox"/> Other: _____	WBC _____ ANC _____ Plt _____ T. Bili _____ SCr _____ CrCl _____ Other: _____	<input type="checkbox"/> Other: _____

Height (in)	Actual Weight (kg)	Treatment BSA (m ²)	Chemotherapy dose based on: <input type="checkbox"/> Actual Body WT <input type="checkbox"/> Ideal Body WT <input type="checkbox"/> Adjusted Body WT
-------------	--------------------	---------------------------------	---

Hydration

IV Maintenance Fluids: _____ Hold hydration during chemotherapy infusion

Pre-hydration: _____ for _____ hours; Prior to _____

Post-hydration: _____ for _____ hours; Prior to _____

Hold chemo and call MD if ANC < 1.5 or _____ Platelets < 100k or _____ Serum Creatinine > _____ Total bilirubin > 1.5 or _____

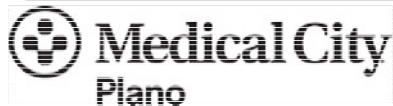
Other _____

Chemo Drug (generic name) (See page 2 for antiemetics)	Dose/m ² AUC, or Dose/kg	Treatment Dose (mg or Units)	Route & Infusion Duration	Frequency/number of doses or days
				<input type="checkbox"/> day 1 only <input type="checkbox"/> day 2 only <input type="checkbox"/> days _____ <input type="checkbox"/> other _____
				<input type="checkbox"/> day 1 only <input type="checkbox"/> day 2 only <input type="checkbox"/> days _____ <input type="checkbox"/> other _____
				<input type="checkbox"/> day 1 only <input type="checkbox"/> day 2 only <input type="checkbox"/> days _____ <input type="checkbox"/> other _____
				<input type="checkbox"/> day 1 only <input type="checkbox"/> day 2 only <input type="checkbox"/> days _____ <input type="checkbox"/> other _____
				<input type="checkbox"/> day 1 only <input type="checkbox"/> day 2 only <input type="checkbox"/> days _____ <input type="checkbox"/> other _____
				<input type="checkbox"/> day 1 only <input type="checkbox"/> day 2 only <input type="checkbox"/> days _____ <input type="checkbox"/> other _____

* Pharmacy to use standard dilution/volume unless otherwise specified

Additional Orders: (see page 2 for ANTIEMETICS)

Date: _____ Time: _____ Physician Signature: **X**



3901 West 15th Street
Plano, Texas 75075
(972) 596-6800

PATIENT IDENTIFICATION

CHEMOTHERAPY ORDERS



* P O S *

CHEMOTHERAPY ORDERS

Only those items will be carried out

Page 2 of 3

HIGHLY and MODERATELY Emetogenic Chemotherapy (Administer 30-60 min prior to chemotherapy)

- **Ondansetron (Zofran) 16 mg (max dose) orally OR IVPB on day(s) _____
- **Dexamethasone (Decadron) 10 mg or _____mg orally OR IVPB on days(s) _____
- Granisetron (Kytril) 1 mg IVP on days _____
- Aprepitant (Emend) 80 mg orally on days 2 and 3 Add Aprepitant (Emend) 125 mg orally on day 1 (**HIGHLY EMETOGENIC ONLY**)
- Lorazepam (Ativan) _____mg orally or IVP every 6 hours on day(s) _____
- Other _____

**Pharmacy will mix Zofran and Decadron in the same 0.9% Sodium Chloride 50 mL IVPB to be infused over 15 min

LOW Emetogenic Chemotherapy (Administer 30 - 60 min prior to chemotherapy)

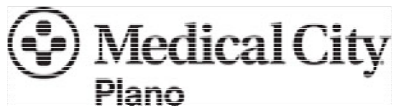
- Dexamethasone (Decadron) _____mg orally times one dose only
- Lorazepam (Ativan) _____mg orally times one dose only
- Other: _____

For BREAKTHROUGH Nausea/Vomiting

Sequencing:

- _____ Prochlorperazine (Compazine) 10 mg orally / IVP every 6 hours PRN breakthrough nausea and/or vomiting
- _____ Lorazepam (Ativan) 1 mg IVP every 6 hours PRN breakthrough nausea and/or vomiting
- _____ Dexamethasone (Decadron) 8 mg IVP every 12 hours PRN breakthrough nausea and/or vomiting
- _____ Promethazine (Phenergan) 25 mg IVPB every 6 hours PRN breakthrough nausea and/or vomiting
- _____ Haloperidol (Haldol) 1 mg IVP every 4 hours PRN breakthrough nausea and/or vomiting
- _____ Diphenhydramine (Benadryl) 25 mg IVP every 6 hours and Metoclopramine (Reglan) 20 mg IVP every 6 hours PRN breakthrough nausea and/or vomiting
- Scopolamine (Transderm Scop) 1.5 mg patch transdermally every 72 hours

Date: _____ Time: _____ Physician Signature: **X**



3901 West 15th Street
Plano, Texas 75075
(972) 596-6800

PATIENT IDENTIFICATION

CHEMOTHERAPY ORDERS



* P O S *

CHEMOTHERAPY ORDERS

Only those items will be carried out

2011 Emetic Risk Antineoplastic Agents Administered Intravenously

High (>90%)	Moderate (30%-90%)		Low (10%-30%)		Minimal (<10%)
Carmustine	Azacitidine	Idarubicin*	Fluouracil	Mitomycin	2-Chlorodeoxyadenosine
Cisplatin	Alemtuzumab	Ifosfamide	Bortezomib	Mitoxantrone	Bevacizumab
Cyclophosphamide	Bendamustine	Irinotecan	Cabazitaxel	Paclitaxel	Bleomycin
>1500 mg/m2	Carboplatin	Oxaliplatin	Catumaxomab	Panitumumab	Busulfan
Dacarbazine	Cyclophosphamide		Cytarbine < 1000 mg/m2	Pemetrexed	Cetuximab
Dactinomycin	< 1500 mg/m2		Docetaxel	Temsirolimus	Fludarabine
Mechlorethamine	Cytarabine > 1000		Doxorubicin liposome	Topotecan	Pralatrexate
Streptozotocin	mg/m2		Etoposide	Trastuzumab	Rituximab
	Daunorubicin*		Gemcitabine		Vinblastine
	Doxorubicin*		Ixabepilone		Vincristine
	Epirubicin*		Methotrexate		Vinorelbine

*These anthracyclines, when combined with cyclophosphamide, are now designated as high emetic risk
 ASCO = American Society of Clinical Oncology

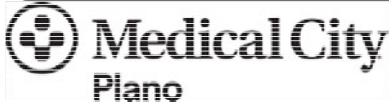
2011 ASCO Guideline Update and Recommendations

	2006	2011
Highly emetogenic	The three-drug combination of a 5-HT3 receptor antagonist, dexamethasone, and aprepitant before chemotherapy. In all patients receiving cisplatin and all other agents of high emetic risk, the two-drug combination of dexamethasone and aprepitant is recommended. The Update Committee no longer recommends the combination of a 5-HT3 serotonin receptor antagonist and dexamethasone on days 2 and 3.	The 3-drug combination of an NK1 receptor antagonist (days 1-3 for aprepitant; day 1 only for fosaprepitant), a 5-HT3 receptor antagonist (day 1 only), and dexamethasone (days 1-3 or 1-4) is recommended for patients receiving highly emetogenic chemotherapy. This recommendation is unchanged since the 2006 update, but reworded for clarification. The Update Committee also recommended reclassification of the combined AC regimen as highly emetogenic.
Moderately emetogenic	The three-drug combination of a 5-HT3 receptor antagonist, dexamethasone, and aprepitant is recommended for patients receiving AC. For patients receiving chemotherapy of moderate emetic risk other than AC, we recommend the two-drug combination of a 5-HT3 receptor antagonist and dexamethasone. In patients receiving AC, aprepitant as a single agent is recommended on days 2 and 3. For all other chemotherapies of moderate emetic risk, single agent dexamethasone or a 5-HT3 receptor antagonist is suggested for the prevention of emesis on days 2 and 3.	The 2-drug combination of palonosetron (day 1 only) and dexamethasone (days 1-3) is recommended for patients receiving moderately emetogenic chemotherapy. If palonosetron is not available, clinicians may substitute a first-generation 5-HT3 serotonin receptor antagonist, preferably granisetron or ondansetron.
Low emetogenic	Dexamethasone 8 mg is suggested. No routine preventative use for delayed emesis is suggested.	No change since 2006
Minimally emetogenic	No change from the original guideline. No antiemetic should be administered routinely before or after.	No change since 2006
Combination chemotherapy	No change from the original guideline. Use appropriate agent for the greatest emetic risk.	No change. Anthracycline + cyclophosphamide (AC) are now classified as highly emetogenic.

Useful Calculations

Body surface area, BSA (m²) = square root of [HT (in) x WT (lb) / 3131] OR square root of [(HT (cm) x WT (kg)) / 3600]
 Ideal body weight, IBW (male) = 50 + (2.3 x HT in inches above 5ft). IBW (female) = 45.5 + (2.3 x HT in inches above 5ft)
 Adjusted body weight (ABW) = IBW + 0.4 (actual weight-IBW). ABW usually used when actual weight is > 30% of IBW
 Creatinine Clearance, CrCl (ml/min) = [140-age] x IBW (kg) / 72 x SCr. Multiply X 0.85 for females
 Absolute Neutrophil Count, ANC = (segs + bands) / 100 x WBC in thousands OR (segs + bands) / 100 x WBC
 Carboplatin Dosing, Total Dose (mg) = Target AUC X (CrCl + 25).

Date: _____ Time: _____ Physician Signature: **X**



3901 West 15th Street
 Plano, Texas 75075
 (972) 596-6800

PATIENT IDENTIFICATION

CHEMOTHERAPY ORDERS

