



6804

Level of Care:  In-patient  Same-day  Out-patient **Antineoplastic Drug Order Form**

**Start Date of This Order:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Diagnosis:** \_\_\_\_\_  
**Height:**\_\_\_\_\_ **Weight:**\_\_\_\_\_   
 Date weighed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**BSA:**\_\_\_\_\_m<sup>2</sup> **AUC:**\_\_\_\_\_(if applicable)  
 Regimen/Reference:\_\_\_\_\_

**Allergies:**

**Labs:** Date drawn \_\_\_\_\_  
 HCT:\_\_\_\_\_ WBC:\_\_\_\_\_ PLT:\_\_\_\_\_   
 BUN:\_\_\_\_\_ CREAT:\_\_\_\_\_ Other:\_\_\_\_\_

**Give Treatment:** (check one)  
 If lab work meets the following parameters:  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on / Despite reviewed lab work of:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ (list lab results if different than above)

**Lab work not applicable**

**Drug Regimen:** Drug, Dose/m<sup>2</sup> or kg, Route, Schedule, and Duration

**Cycle #** \_\_\_\_\_ **Date last given:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

**Dose Adjusted?** **Percent Adjusted:**  
 Yes \_\_\_\_\_% (reduction)  
 No \_\_\_\_\_

**Rationale for Adjustment:**

MD \_\_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_  
 RN #1 \_\_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_  
 RN #2 \_\_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_  
 R.Ph. #1 \_\_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_

**PRN & PREMEDICATIONS:**

**HYDRATION ORDERS: (PRE CHEMO, DURING, AND POST CHEMO FLUIDS)**

**1. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_

**FREQUENCY:**

**INSTRUCTIONS:**

**2. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_

**FREQUENCY:**

**INSTRUCTIONS:**

**3. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_

**FREQUENCY:**

**INSTRUCTIONS:**

**4. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_

**FREQUENCY:**

**INSTRUCTIONS:**

**5. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_

**FREQUENCY:**

**INSTRUCTIONS:**