

**CYCLOPHOSPHAMIDE / DOXORUBICIN CHEMOTHERAPY ORDER SET FOR
 OUTPATIENT CANCER CENTER**
Pharmacy and Therapeutics Committee

Diagnosis:

Height: _____ cm Weight: _____ kg
 Dosing Weight (insert if different from actual) Ideal Adjusted
 BSA:

1. Laboratory Orders:

2. Pre/Post Hydration Orders:

3. Pre-meds (to be administered 30 minutes prior to chemotherapy):

- Dexamethasone (Decadron) _____ mg IV / PO (*circle one route*)
- Ondanestron (Zofran) _____ mg IV / PO (*circle one route*)
- Palonosetron (Aloxi) _____ mg IV push
- Aprepitant (Emend) _____ mg PO

4. Chemotherapy Orders:

Preconditional (if any):

Doxorubicin (Adriamycin) _____ mg IV Push pre protocol

Cyclophosphamide (Cytoxan) _____ mg IVPB over 1 hour

Therapy to begin on _____ Regimen repeated every _____ weeks for _____ times

5. Hematopoietic Agents:

6. Additional Orders:

Date: _____ Time: _____ Signature: _____

Pharmacy and Therapeutics Committee

Retreatment Schedule	Nurse Initials	Date
Cycle		
Cycle		
Cycle		
Cycle		