



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):

4. Chemotherapy Orders:
Preconditional (if any):

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

5. Hematopoietic Agents:

6. Additional Orders:

Retreatment Schedule	Nurse Initials	Date
Cycle		
Cycle		
Cycle		
Cycle		

Date: _____ Time: _____ Physician Signature: _____

906 05/09

ORDERS FOR TREATMENT

page 1 of 2

North	2800 Clay Edwards Drive
Kansas City	North Kansas City, MO 64116-3281
Hospital	(816) 691-2000

READ BACK VERBAL ORDERS TO CLARIFY

PLACE
PATIENT LABEL
HERE

← DISPENSING BY NON-PROPRIETARY NAME IS AUTHORIZED IF NOT CHECKED IN THIS COLUMN

STANDING ORDERS

Owner

00/00

ORDERS FOR TREATMENT

page 2 of 2

North	2800 Clay Edwards Drive	READ BACK VERBAL ORDERS TO CLARIFY	PLACE
Kansas City	North Kansas City, MO 64116-3281		PATIENT LABEL
Hospital	(816) 691-2000		HERE