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Patient Name _____ **Diagnosis** _____

Protocol _____ **Course #** _____ **Cycle #** _____

Height _____ inches **Dosing Weight** _____ kg Actual Ideal Adjusted **BSA*** _____ m²

Ideal Weight in kg = (inches >5' x 2.3) + 45.5 (females) or 50 (males); Adjusted Weight in kg = (total weight - ideal weight) x 0.25 + ideal weight
BSA is calculated in Meditech using the Haycock equation

Pre-Chemotherapy Orders

Chemotherapy Orders Pharmacist may round dose by $\leq 5\%$ to nearest vial size in order to minimize waste. Chemotherapy is prepared from 7 AM until 4:30 PM daily; orders received after 4 PM will be prepared the following day except in case of emergency.

Drug Please no abbreviations	Dose per Weight/BSA	Dose Modification	Calculated Dose	Route	Diluent/ Volume/ Duration (if IVPB)	Frequency
	_____ mg/kg _____ mg/m ²	<input type="checkbox"/> 100 % <input type="checkbox"/> _____ %	_____ mg	<input type="checkbox"/> IV Push <input type="checkbox"/> IVPB <input type="checkbox"/> Oral <input type="checkbox"/> _____	Diluent: _____ Volume: _____ Duration: _____	<input type="checkbox"/> One time <input type="checkbox"/> Daily x _____ <input type="checkbox"/> Other _____
	_____ mg/kg _____ mg/m ²	<input type="checkbox"/> 100 % <input type="checkbox"/> _____ %	_____ mg	<input type="checkbox"/> IV Push <input type="checkbox"/> IVPB <input type="checkbox"/> Oral <input type="checkbox"/> _____	Diluent: _____ Volume: _____ Duration: _____	<input type="checkbox"/> One time <input type="checkbox"/> Daily x _____ <input type="checkbox"/> Other _____
	_____ mg/kg _____ mg/m ²	<input type="checkbox"/> 100 % <input type="checkbox"/> _____ %	_____ mg	<input type="checkbox"/> IV Push <input type="checkbox"/> IVPB <input type="checkbox"/> Oral <input type="checkbox"/> _____	Diluent: _____ Volume: _____ Duration: _____	<input type="checkbox"/> One time <input type="checkbox"/> Daily x _____ <input type="checkbox"/> Other _____

Carboplatin Only: Target AUC _____ GFR _____ ml/min Dose = Target AUC x (GFR + 25) = _____ mg

Post-Chemotherapy Orders

Physician signature _____ **Date/Time** _____

Chemotherapy Orders

Prevention of Chemotherapy-Related Medication Errors P&T Committee Recommendations

1. Develop preprinted chemotherapy order forms
2. Discourage use of drug abbreviations
3. Limit time of chemotherapy preparation from 7:00 A.M. - 4:30 P.M.
4. Limit chemotherapy orders to single course of therapy
5. Update chemotherapy dosage range checks in Meditech
6. Continue pharmacist double-check of chemotherapy preparation

References:

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