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<p style="text-align: center;">HALLMARK HEALTH SYSTEM</p> <p>CHEMO PROTOCOL _____ CANCER</p> <p>Protocol Name:</p> <p>Chemotherapies: (include drug name, dose, route, schedule)</p>	
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Allergies:

Date: _____ **Cycle #:** _____ **Week #:** _____

WBC/ANC _____ HGB/HCT _____ PLT _____

~~~~~Pre-meds in clinic (please check to order)~~~~~

_____ prior to chemotherapy (antiemetic)

Other:

~~~~~Chemotherapy~~~~~

(Drug name) _____ mg x _____ m² (x dose modification _____ %) = _____ mg

Reason for dose modification: _____

(Drug name) _____ mg x _____ m² (x dose modification _____ %) = _____ mg

Reason for dose modification: _____

(Drug name) _____ mg x _____ m² (x dose modification _____ %) = _____ mg

Reason for dose modification: _____

~~~~~Other orders (please check to order)~~~~~

Normal saline Mainline IV

Other:

NP signature: _____ NP MD sign/co-sign: _____ MD

RN signature: _____ RN / _____ RN

Reference: _____ reviewed 3/05