

Adult Outpatient Chemotherapy Order Form (page 1 of 1)

Diagnosis / Indications: Breast Cancer

Regimen: Protein Bound Paclitaxel (Abraxane®)
q21days

Cycle# _____

References: Gradishar, JW, et al. JCO 2005; 23: 7794-803

Begin Therapy Day #1 (____/____/____)

Patient Height: _____ cm

Weight: Actual _____ kg Ideal: _____ kg Used: _____ kg

Body Surface Area: Actual: _____ m² Ideal: _____ m² Used: _____ m²

Allergies (reactions): _____

Chemotherapy:

	DRUG (Oral or injectable)	PROTOCOL DOSAGE (Per m ² or Per kg)	PATIENT'S DOSE	ROUTE / FREQUENCY	GIVE ON DAYS
1	Protein Bound Paclitaxel	260 mg/m ²		IV	Day 1
	Fluid / Volume: Minimal volume		Flow Rate or Infusion Time: 30 minutes		
2					
	Fluid / Volume		Flow Rate or Infusion Time		

Follow-up appt.: _____ with labs _____

Specific Administration Instructions/Requirements:

- Institute extravasation protocol in the event of a suspected extravasation
 ANC greater than 1,000 ANC greater than 1,500 Platelets greater than 100,000
- Monitor for hypersensitivity / allergic reaction. If suspected, then follow hypersensitivity / anaphylaxis orders per the Emergency Physician's Order protocol.

Labs: CBC w/diff CMP BMP Other: _____

Pre-Medications:

None

PRN Medications (please check appropriate meds):

- Lorazepam 1 mg IV Prochlorperazine 10 mg IV Promethazine 25 mg IV
 Diphenhydramine 25 mg IV 50 mg IV
 Cimetidine 300 mg IV Dexamethasone 12 mg IV

Take Home Medications (please check appropriate meds):

- Prochlorperazine 10 mg PO q6hr PRN nausea and vomiting (# _____)
 Promethazine 25 mg PO q6hr PRN nausea and vomiting (# _____)

Special Instructions / Extra Orders: _____

Date _____ Time _____ Physician/PA/RPh _____ Provider# _____ Beeper# _____

Date _____ Time _____ Signature of Oncology Attending/Fellow _____ MD# _____

Print Name of Attending/Fellow: _____ MD# _____

Pharmacy Use Only:
085951-1



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Patient Name: _____ Patient Identification #: _____

Date printed 5/8/09