

**ST. DOMINIC-JACKSON MEMORIAL HOSPITAL
JACKSON, MISSISSIPPI**

Date & Time	Cytoxan (cyclophosphamide) Orders																
	Pharmacy Mnemonic: CYTOXORD																
	Allergies:																
	Height:	Weight:															
	Diagnosis: Rheumatoid Arthritis																
	1. Admit Outpatient Infusion therapy for Cytoxan (cyclophosphamide)																
	2. Give patient Cytoxan (cyclophosphamide) medication guide prior to each infusion as required by FDA																
	3. Obtain peripheral IV access																
	4. Pre-hydrate with 500 mL sodium chloride 0.9%																
	5. 30 minutes prior to Cytoxan (cyclophosphamide) premedicate with: <ul style="list-style-type: none"> <input type="checkbox"/> Zofran (ondansetron) 24 mg PO <input type="checkbox"/> Decadron (dexamethasone) 4 mg IV <input type="checkbox"/> Mesnex (mesna) 250 mg IV 																
	6. Labs: <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/>Albumin</td> <td><input type="checkbox"/>Creatine</td> <td><input type="checkbox"/>Manual Differential</td> </tr> <tr> <td><input type="checkbox"/>ALT</td> <td><input type="checkbox"/>CMP</td> <td><input type="checkbox"/>WESR</td> </tr> <tr> <td><input type="checkbox"/>AST</td> <td><input type="checkbox"/>CBC</td> <td><input type="checkbox"/>CRP</td> </tr> <tr> <td><input type="checkbox"/>BMP</td> <td><input type="checkbox"/>Hepatic Panel</td> <td><input type="checkbox"/>LFT</td> </tr> <tr> <td><input type="checkbox"/>BUN</td> <td><input type="checkbox"/>Other:</td> <td><input type="checkbox"/>CBC w Diff and platelets</td> </tr> </table>		<input type="checkbox"/> Albumin	<input type="checkbox"/> Creatine	<input type="checkbox"/> Manual Differential	<input type="checkbox"/> ALT	<input type="checkbox"/> CMP	<input type="checkbox"/> WESR	<input type="checkbox"/> AST	<input type="checkbox"/> CBC	<input type="checkbox"/> CRP	<input type="checkbox"/> BMP	<input type="checkbox"/> Hepatic Panel	<input type="checkbox"/> LFT	<input type="checkbox"/> BUN	<input type="checkbox"/> Other:	<input type="checkbox"/> CBC w Diff and platelets
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	7. Infusion: Mix IV Cytoxan (cyclophosphamide) in 250 mL of sodium chloride 0.9% <ul style="list-style-type: none"> <input type="checkbox"/>Infuse Cytoxan (cyclophosphamide) 500 mg IV over 1 hour <input type="checkbox"/>Infuse Cytoxan (cyclophosphamide) 750 mg IV over 1 hour <input type="checkbox"/>Infuse Cytoxan (cyclophosphamide) 1000 mg IV over 1 hour 																
	8. Infuse mesnex (mesna) 250 mg IV after Cytoxan infusion																
	9. Post hydrate with 500 mL sodium chloride 0.9%																

_____/_____
Date Time

Physician Signature

DOCTOR'S ORDERS

