

SCOTT & WHITE

PHYSICIAN ORDERS

DIAGNOSIS:

DRUG SENSITIVITY:

Patient Identification

NEPHROLOGY: CYCLOPHOSPHAMIDE CHEMOTHERAPY ORDERS

Ht. _____ Wt. _____ BSA _____

1. Use: Peripheral IV _____. Porta-Cath _____. Central Line _____.

2. CBC was reviewed by staff Nephrologist already.

☐ Yes ☐ No

3. If not reviewed by nephrologist, please call latest CBC to nephrologist.

4. **Methylprednisolone** _____ mg IV over 45 minutes

5. IV 0.9% Saline _____ ml/hr for total of _____ ml.

6. Antiemetic: **Ondansetron** 8 mg IV before **cyclophosphamide**

7. Chemotherapy: **Cyclophosphamide** _____ mg IV over one hour administered on ____/____/____

8. Instructions to patient: Drink: _____ quarts of water a day for days one and two.
Call for severe nausea or vomiting.

9. _____ **Prochlorperazine** 10 mg PO every 6 hours PRN nausea

_____ **Promethazine** 6.25 mg IV every 6 hours PRN vomiting

_____ Other _____

10. Diagnosis for coding:

_____ (M321.0) Systemic Lupus Erythematosus

_____ (N08) Glomerular Disorders

_____ (I77.6) Arteritis / Vasculitis

_____, Other _____

Senior Staff Physician Signature

Date Signed

Printed Name

Pager

Time

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Distribution: White - Chart Copy

WRITE WITH BLACK BALL POINT INK ONLY USING FIRM PRESSURE.

DOCTOR WRITING ORDER IS TO RECORD DATE AND TIME WITH EACH SET OF ORDERS WRITTEN. AUTHENTICATE WITH FULL SIGNATURE AND BEEPER NUMBER.