attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: CHOP

Diagnosis : Non- Hodgkin's Lymphoma Chemotherapy

Height: _____cm Weight: _____kg				Cycle: _____ Of :_____
Actual BSA:_____m2 Treatment BSA:_____m2				Day/Wk:_____ Freq: _____
Allergies:		[ ] No known allergies		
[ ]Medication allergy(s):_____				
[ ] Latex allergy [ ]Other:				
Patient Care				
[ ]	Nursing Communication	T;N, Do not exceed a treatment BSA of _____ m2		
[ ]	Nursing Communication	T;N, May hold hydration during chemotherapy infusion		
[ ]	Nursing Communication	T;N, Verify patient has had MUGA or ECHO to r/o Cardiac dysfunction prior to chemotherapy		
Continuous Infusions				
Pre Hydration				
[ ]	Normal Saline	1,000 mL, IV, Routine, ____mL/hr , Start 4 hours prior to chemotherapy and continue for at least 24 hours after chemotherapy is complete		
Medications				
CHEMOTHERAPY				
	Drug (generic) & solution (optional)	**Intended Dose**	**Actual Dose**	**Route, Infusion, Frequency and total doses**
[X]	**cyclophosphamide**	**750 mg/m^2**		**IV Piggyback, Infuse over 90 min, ONCE on DAY 1**
[X]	**DOXOrubicin**	**50 mg/m^2**		**IVPush, ONCE on DAY 1**
[X]	**vinCRIStine**	**1.4 mg/m^2**		**IVPush, ONCE on DAY 1 MAX DOSE 2 mg**
[X]	**predniSONE**	**100 mg**	**100 mg**	**PO, q24h on days 1- 5**
Acute Emesis Prophylaxis (may undergo therapeutic interchange)				
NOTE: Administer intial doses at least 30-60 minutes prior to chemotherapy				
[X]	ondansetron	12 mg, Injection, IV Piggyback, Once, DAY 1		
[X]	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting , Comment : if unable to take PO		
[X]	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting		
Consults/Notifications				
[ ]	Notify Physician- Once	T;N, Who: _____, For: if BSA exceeds 2 m^2		

_____ _____ _____ _____

Date **Time** **Physician's Signature** **MD Number**