

**CHEMOTHERAPY ORDERS
GENESIS MEDICAL CENTER, DAVENPORT, IOWA**

BEGIN ON				PRIMARY DIAGNOSIS	
				STAGE	
HEIGHT <small>cm</small>	ACTUAL WEIGHT <small>_____ lb _____ kg</small>	IBW <small>_____ lb _____ kg</small>	SERUM CREATININE <small>_____ mg per dL</small>	ALLERGIES	
	ACTUAL BSA <small>_____ m²</small>	IDEAL BSA <small>_____ m²</small>	ESTIMATED CREATININE CLEARANCE <small>_____ ml per min</small>		

CHEMOTHERAPY MEDICATION ORDERS	DOSE BASIS	WT TYPE	DOSE	ROUTE	DAILY FREQ AND SCHEDULE	INITIALS
(NAMES OF DRUGS)	SPECIAL INSTRUCTIONS					TIME
	SPECIAL INSTRUCTIONS					
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ALL DRUG ORDERS TO BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" (DISPENSE AS WRITTEN) IN THE ADJACENT BOX

HYDRATION ORDERS	RATE BASIS	RATE	VOLUME/DURATION	SCHEDULE	INITIALS
FLUID (ADDITIVE)	SPECIAL INSTRUCTIONS				TIME

MISCELLANEOUS ORDERS

Lab date _____

WBC _____

ANC _____

PLT _____

PHYSICIAN SIGNATURE

DATE/TIME

