Unapproved Abbreviations:	U, IU, Q.D., or Q.O.D.	Lack of leading zero (i.e. .1 mg)	MS, MSO4, MGSO4	Trailing zero (i.e. 1.0 mg)

CHEMOTHERAPY ORDERS

Only those items ☒ will be carried out

Chemotherapy Start Date: | Diagnosis: | Cycle #: Freq:

Lab

Obtain the following, prior to chemotherapy:
- ☐ CBC with differential
- ☐ CMP ☐ BMP ☐ Notify provider of results prior to administration
- ☐ EKG ☐ MUGA
- ☐ Qual. BHcg ☐ Patient/caregiver education
- ☐ Other: _____

☐ Use Lab results from ____/____/_____ (At least 72 hrs prior to chemo)
WBC_____ ANC _____
Plt _____ T. Bili _____
SCr _____ CrCl _____
Other _____

☐ Pharmacy may order lab pertinent to dosing
Calvert method for Carboplatin dosing:
Target AUC X (CrCl + 25) = Dose in mg

☐ Other: _____

Height (in)	Actual Weight (kg)	Treatment BSA (m^2)	Chemotherapy dose based on: ☐ Actual Body WT ☐ Ideal Body WT ☐ Adjusted Body WT

Hydration

IV Maintenance Fluids: _____ ☐ Hold hydration during chemotherapy infusion
Pre-hydration: _____ for _____ hours; Prior to _____
Post-hydration: _____ for _____ hours; Prior to _____
Hold chemo and call MD if ☐ ANC < 1.5 or _____ ☐ Platelets < 100k or _____ ☐ Serum Creatinine >_____ ☐ Total bilirubin > 1.5 or _____
☐ Other _____

Chemotherapy / Immunotherapy

Chemo Drug (generic name) (See page 2 for antiemetics)	Dose/m^2 AUC, or Dose/kg	Treatment Dose (mg or Units)	Route & Infusion Duration	Frequency/number of doses or days
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____
				☐ day 1 only ☐ day 2 only ☐ days _____ ☐ other _____

* Pharmacy to use standard dilution/volume unless otherwise specified

Additional Orders: (see page 2 for ANTIEMETICS)

Date: _____ **Time:** _____ **Physician Signature:** ***X*** _____

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Plano, Texas 75075
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HIGHLY and MODERATELY Emetogenic Chemotherapy (Administer 30-60 min prior to chemotherapy)

☐ **Ondansetron (Zofran) 16 mg (max dose) ☐ orally **OR** ☐ IVPB on day(s) _____

☐ **Dexamethasone (Decadron) 10 mg or _____mg ☐ orally **OR** ☐ IVPB on days(s) _____

**Pharmacy will mix Zofran and Decardron in the same 0.9% Sodium Chloride 50 mL IVPB to be infused over 15 min

☐ Granisetron (Kytril) 1 mg IVP on days _____

☐ Aprepitant (Emend) 80 mg orally on days 2 and 3 ☐ Add Aprepitant (Emend) 125 mg orally on day 1 (**HIGHLY EMETOGENIC ONLY**)

☐ Lorazepam (Ativan) _____mg ☐ orally or ☐ IVP every 6 hours on day(s) _____

☐ Other _____

LOW Emetogenic Chemotherapy (Administer 30 - 60 min prior to chemotherapy)

☐ Dexamethasone (Decadron) _____mg orally times one dose only

☐ Lorazepam (Ativan) _____mg orally times one dose only

☐ Other: _____

For BREAKTHROUGH Nausea/Vomiting

Sequencing:

_____ ☐ Prochlorperazine (Compazine) 10 mg orally / IVP every 6 hours PRN breakthrough nausea and/or vomiting

_____ ☐ Lorazepam (Ativan) 1 mg IVP every 6 hours PRN breakthrough nausea and/or vomiting

_____ ☐ Dexamethasone (Decadron) 8 mg IVP every 12 hours PRN breakthrough nausea and/or vomiting

_____ ☐ Promethazine (Phenergan) 25 mg IVPB every 6 hours PRN breakthrough nausea and/or vomiting

_____ ☐ Haloperidol (Haldol) 1 mg IVP every 4 hours PRN breakthrough nausea and/or vomiting

_____ ☐ Diphenhydramine (Benadryl) 25 mg IVP every 6 hours and Metoclopramine (Reglan) 20 mg IVP every 6 hours PRN breakthrough nausea and/or vomiting

☐ Scopolamine (Transderm Scop) 1.5 mg patch transdermally every 72 hours

Date: _____ **Time:** _____ **Physician Signature:** ***X*** _____

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2011 Emetic Risk Antineoplastic Agents Administered Intravenously

High (>90%)	Moderate (30%-90%)	Low (10%-30%)	Minimal (<10%)
Carmustine	Azacitidine	Fluoouracil	2-Chlorodexyadenosine
Cisplatin	Alemtuzumab	Bortezomib	Bevacizumab
Cyclophosphamide >1500 mg/m2	Bendamustine	Cabazitaxel	Bleomycin
Dacarbazine	Carboplatin	Catumaxomab	Busulfan
Dactinomycin	Cyclophosphamide < 1500 mg/m2	Cytarbine < 1000 mg/m2	Cetuximab
Mechlorethamine	Cytarabine > 1000 mg/m2	Docetaxel	Fludarabine
Streptozotocin	Daunorubicin*	Doxorubicin liposome	Pralatrexate
	Doxorubicin*	Etoposide	Rituximab
	Epirubicin*	Gemcitabine	Vinblastine
	Idarubicin*	Ixabepilone	Vincristine
	Ifosfamide	Methotrexate	Vinorelbine
	Irinotecan	Mitomycin	
	Oxaliplatin	Mitoxantrone	
		Paclitaxel	
		Panitumumab	
		Pemetrexed	
		Temsirolimus	
		Topotecan	
		Trastuzumab	

*These anthracyclines, when combined with cyclophosphamide, are now designated as high emetic risk
ASCO = American Society of Clinical Oncology

2011 ASCO Guideline Update and Recommendations

	2006	2011
Highly emetogenic	The three-drug combination of a 5-HT3 receptor antagonist, dexamethasone, and aprepitant before chemotherapy. In all patients receiving cisplatin and all other agents of high emetic risk, the two-drug combination of dexamethasone and aprepitant is recommended. The Update Committee no longer recommends the combination of a 5-HT3 serotonin receptor antagonist and dexamethasone on days 2 and 3.	The 3-drug combination of an NK1 receptor antagonist (days 1-3 for aprepitant; day 1 only for fosaprepitant), a 5-HT3 receptor antagonist (day 1 only), and dexamethasone (days 1-3 or 1-4) is recommended for patients receiving highly emetogenic chemotherapy. This recommendation is unchanged since the 2006 update, but reworded for clarification. The Update Committee also recommended reclassification of the combined AC regimen as highly emetogenic.
Moderately emetogenic	The three-drug combination of a 5-HT3 receptor antagonist, dexamethasone, and aprepitant is recommended for patients receiving AC. For patients receiving chemotherapy of moderate emetic risk other than AC, we recommend the two-drug combination of a 5-HT3 receptor antagonist and dexamethasone. In patients receiving AC, aprepitant as a single agent is recommended on days 2 and 3. For all other chemotherapies of moderate emetic risk, single agent dexamethasone or a 5-HT3 receptor antagonist is suggested for the prevention of emesis on days 2 and 3.	The 2-drug combination of palonosetron (day 1 only) and dexamethasone (days 1-3) is recommended for patients receiving moderately emetogenic chemotherapy. If palonosetron is not available, clinicians may substitute a first-generation 5-HT3 serotonin receptor antagonist, preferably granisetron or ondansetron.
Low emetogenic	Dexamethasone 8 mg is suggested. No routine preventative use for delayed emesis is suggested.	No change since 2006
Minimally emetogenic	No change from the original guideline. No antimetic should be administered routinely before or after.	No change since 2006
Combination chemotherapy	No change from the original guideline. Use appropriate agent for the greatest emetic risk.	No change. Anthracycline + cyclophosphamide (AC) are now classified as highly emetogenic.

Useful Calculations

Body surface area, BSA (m^2) = square root of [HT (in) x WT (lb) / 3131] OR square root of [(HT (cm) x WT (kg)) / 3600]
Ideal body weight, IBW (male) = 50 + (2.3 x HT in inches above 5ft). IBW (female) = 45.5 + (2.3 x HT in inches above 5ft)
Adjusted body weight (ABW) = IBW + 0.4 (actual weight-IBW). ABW usually used when actual weight is > 30% of IBW
Creatinine Clearance, CrCl (ml/min) = [140-age) x IBW (kg)]/72 x SCr. Multiply X 0.85 for females
Absolute Neutrophil Count, ANC = (segs + bands)/100 x WBC in thousands OR (segs + bands)/100 x WBC
Carboplatin Dosing, Total Dose (mg) = Target AUC X (CrCl + 25).

Date: _____ **Time:** _____ **Physician Signature:** ***X*** _____

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