



3901 Rainbow Blvd.

Kansas City, Kansas 66160

PHYSICIANS' CHEMOTHERAPY ORDER FORM

ADDRESSOGRAPH

MEDICATION SCHEDULE

BID 09-21 (alt 08-17)	Q2H ODD or EVEN Hrs	Q12H 09-21 (alt 01-13)
TID 09-15-21	Q6H 00-06-12-18	Qday 09 (alt 21)
TID ac 07-11-17	(alt 09-15-21-03)	QHS 21
TID pc 09-13-19	QID 09-13-17-21	ACHS 07-11-17-21
TID w/meals 08-12-18	Q8H 06-14-22 (alt 09-17-01)	

ROOM

All orders must be written in the metric system & include date, time, physician's signature, and pager number.

NURSING: Fax to pharmacy. Record fax date/time.

DATE & TIME	Cmp #	Ht _____	Lab Results:	Bilirubin _____	Protocol _____	Book/Page# _____	RPh Init
		Wt _____	WBC _____	Platelets _____	Course _____	Allergies _____	
		M <sup>2</sup> _____	Neutrophils _____	Creat _____	Tests Pending _____	Diagnosis _____	

Pre/Post Hydration:

Antiemetics:

Chemotherapy:

Dose/ M <sup>2</sup> or Dose/Kg	Drug	Dose	Route	Rate	Frequency/Days
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Another brand of drug identical in form and content may be dispensed unless noted on order.