THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	**PATIENT LABEL**	Room

DATE & TIME	#	CHEMOTHERAPY ORDERS **CYTOTOXIC MEDICATIONS FOR PERI-OPERATIVE SERVICES**
		❑ Mitomycin 0.4mg/1 mL in syringe for topical administration for **OPHTHALMIC** use.
		❑ Mitomycin 1.6mg/4mL in syringe for topical administration for otolaryngology (**ENT)** use.
		❑ Mitomycin 40mg/40mL in syringe to instill in bladder for **UROLOGY** use.
		❑ Mitomycin _____mg/____mL in syringe for topical administration x 1 dose for _____.
		❑ Cidofovir (Vistide®) 20mg/4mL (5mg/mL) in syringe for topical administration x 1 dose.
		❑ Cidofovir **(**Vistide®) 30mg/4mL (7.5mg/mL) in syringe for topical administration x 1 dose.
		❑ Carmustine (Gliadel®) wafers 1 box of 8 wafers for topical administration x 1 dose.
		❑ **Other** (Supporting protocol or literature must be provided for dose verification):
		Chemotherapeutic safety precautions must be followed per Nursing Standard of Practice: Chemotherapy Administration in the Operating Room.

Physician _____ Signature:Date: ___

Pager: _____