

## Physician Orders ADULT

## Order Set: HIDAC ( regular)

Diagnosis : AML

Height: _____ cm	Weight: _____ kg	Cycle: _____ Of : _____		
Actual BSA: _____ m <sup>2</sup>	Treatment BSA: _____ m <sup>2</sup>	Day/Wk: _____ Freq: _____		
<b>Allergies:</b>				
<input type="checkbox"/> No known allergies				
<input type="checkbox"/> Medication allergy(s): _____				
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____				
<b>Patient Care</b>				
<input type="checkbox"/> Nursing Communication	T;N, Do not exceed a treatment BSA of _____ m <sup>2</sup>			
<input type="checkbox"/> Nursing Communication	T;N, May hold hydration during chemotherapy infusion			
<b>Continuous Infusions</b>				
<b>Pre Hydration</b>				
<input type="checkbox"/>	Normal Saline	1,000 mL, IV, Routine, _____ mL/hr		
<b>Medications</b>				
<input checked="" type="checkbox"/>	PrednisolONE ophthalmic 1%	2 drops, Ophthalmic Susp, Both eyes, q6h, on DAYS 1-7		
<b>CHEMOTHERAPY</b>				
	<b>Drug (generic) &amp; solution ( optional)</b>	<b>Intended Dose</b>	<b>Actual Dose</b>	<b>Route, Infusion, Frequency and total doses</b>
<input checked="" type="checkbox"/>	<b>cytarabine</b>	<b>3000 mg/m<sup>2</sup></b>		<b>IV Piggyback, Infuse over 3 hours, q 12 hours X 6 doses on DAYS 1, 3 and 5</b>
<b>Acute Emesis Prophylaxis ( may undergo therapeutic interchange)</b>				
<b>NOTE: Administer initial doses at least 30-60 minutes prior to chemotherapy</b>				
<input checked="" type="checkbox"/>	ondansetron	12 mg, Injection, IV Piggyback, qDay, on DAYS 1, 3 and 5		
<input checked="" type="checkbox"/>	dexamethasone	12 mg, Injection, IV Push, Q Day , on DAYS 1, 3 and 5		
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting		
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting , Comment : if unable to take PO		
<b>Consults/Notifications</b>				
<input type="checkbox"/>	Notify Physician- Once	T;N, Who: _____, For: if BSA exceeds 2 m <sup>2</sup>		

Date

Time

Physician's Signature

MD Number