(Place Patient Identification Sticker Here)

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: ESHAP

Diagnosis : Non- Hodgkin's Lymphoma Chemotherapy

Height:_____cm	Weight:_____kg		Cycle:	Of :
Actual BSA: m2	Treatment BSA: m2		Day/Wk:	Freq:
Allergies:	[ ] No known allergies			
[ ]Medication allergy(s):				
[ ] Latex allergy	[ ]Other:			

Patient Care		
[ ]	Nursing Communication	T;N, Do not exceed a treatment BSA of m2
[ ]	Nursing Communication	T;N, May hold hydration during chemotherapy infusion
Continuous Infusions		
Pre Hydration		
[ ]	Normal Saline	1,000 mL, IV, Routine,_____mL/hr , Start 4 hours prior to chemotherapy and continue for at least 24 hours after CISplatin infusion is complete
[X]	PrednisoLONE 1% ophthalmic suspension	2 drops, both eyes, q6h, on DAYS 5 – 7

Medications

CHEMOTHERAPY

	Drug (generic) & solution (optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
[X]	**etoposide**	**40 mg/m^2**		**IV Piggyback, Infuse over 1 hour, q24h on DAYS 1- 4**
[X]	**CISplatin**	**25 mg/m^2**		**Continuous Infusion, Infuse over 24 hours, Daily on DAYS 1- 4**
[X]	**cytarabine**	**2000 mg/m^2**		**IV Piggyback, Infuse over 2 hours, ONCE on DAY 5**
[X]	**methylPREDNISolone**	**500 mg**	**500 mg**	**IV Piggyback, Infuse over 15 min, q24h on DAYS 1 - 5**

Acute Emesis Prophylaxis (may undergo therapeutic interchange)		
NOTE: Administer intial doses at least 30-60 minutes prior to chemotherapy		
[X]	ondansetron	12 mg, Injection, IV Piggyback, qDay, on DAYS 1-5
[X]	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting
[X]	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting , Comment : if unable to take PO
Consults/Notifications		
[ ]	Notify Physician- Once	T;N, Who: , For: if BSA exceeds 2 m^2

Date **Time** **Physician's Signature** **MD Number**