

(Place Patient Identification Sticker Here)



Physician Orders ADULT

Order Set: Hematology Triple Intrathecal

Diagnosis:

Height: _____ cm	Weight: _____ kg	Cycle: _____ Of: _____		
Actual BSA: _____ m2	Treatment BSA: _____ m2	Day/Wk: _____ Freq: _____		
Allergies: <input type="checkbox"/> No known allergies				
<input type="checkbox"/> Medication allergy(s): _____				
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____				
Patient Care				
<input checked="" type="checkbox"/> Nursing Communication	I;N, Intrathecal chemotherapy to be administered by physician			
Medications				
CHEMOTHERAPY				
	Drug (generic)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
<input checked="" type="checkbox"/>	Methotrexate	12 mg	12 mg	Intrathecal, ONCE, on Day _____ Mix in the same syringe. Total Volume: 4 ml
<input checked="" type="checkbox"/>	Hydrocortisone	24 mg	24 mg	
<input checked="" type="checkbox"/>	Cytarabine	36 mg	36 mg	
Reference: Pui C-H et al. N Engl J Med. 2009;360:2730-41.				

Date

Time

Physician's Signature

MD Number

