

(Place Patient Identification Sticker Here)



Physician Orders ADULT
Order Set: RCVP

Diagnosis : Non- Hodgkin's Lymphoma Chemotherapy

Height: _____ cm	Weight: _____ kg	Cycle: _____	Of : _____	
Actual BSA: _____ m ²	Treatment BSA: _____ m ²	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 type="checkbox"/>	Nursing Communication	T;N, Do not exceed a treatment BSA of _____ m ²		
<input type="checkbox"/>	Nursing Communication	T;N, May hold hydration during chemotherapy infusion		
Continuous Infusions				
Pre Hydration				
<input type="checkbox"/>	Normal Saline	1,000 mL, IV, Routine, _____ mL/hr		
Medications				
Pre Medication				
Administer the below before Rituximab :				
<input checked="" type="checkbox"/>	acetaminophen	650 mg, Tab, PO, Once, Comment: to be given prior to rituximab infusion		
<input checked="" type="checkbox"/>	diphenhydrAMINE	25 mg, Injection, IV, Once, Comment: to be given prior to rituximab infusion		
CHEMOTHERAPY				
	Drug (generic) & solution (optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
<input checked="" type="checkbox"/>	Rituximab	375 mg/m²		IV Piggyback, Infuse using Rituximab flowsheet, ONCE on DAY 1
<input checked="" type="checkbox"/>	Cyclophosphamide	750 mg/m²		IV Piggyback, Infuse over 2 hours, ONCE on DAY 1
<input checked="" type="checkbox"/>	VinCRISTine	1.4 mg/m²		IVPush, ONCE on DAY 1 MA
<input checked="" type="checkbox"/>	PredniSONE	100 mg	100 mg	PO, q24h on days 1-5
Acute Emesis Prophylaxis (may undergo therapeutic interchange)				
NOTE: Administer initial doses at least 30-60 minutes prior to chemotherapy				
<input checked="" type="checkbox"/>	ondansetron	12 mg, Injection, IV Piggyback, Once, DAY 1		
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting , Comment : if unable to take PO		
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting		
Consults/Notifications				
<input type="checkbox"/>	Notify Physician- Once	T;N, Who: _____ , For: if BSA exceeds 2 m ²		

Date

Time

Physician's Signature

MD Number

51018-CHEMO RCVP Orders- QM0811-030118

