(Place Patient Identification Sticker Here)

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: Hyper CVAD- odd cycles

Diagnosis : ALL

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		
[ ]	Nursing Communication	T;N, Verify patient has had MUGA or ECHO to r/o Cardiac dysfunction prior to chemotherapy		
Continuous Infusions				
Pre Hydration				
[X]	Normal Saline	1,000 mL, IV, Routine, mL/hr		
Medications				
CHEMOTHERAPY				
	Drug (generic) & solution (optional)	**Intended Dose**	**Actual Dose**	**Route, Infusion, Frequency and total doses**
[X]	**cyclophosphamide**	**300 mg/m^2**		**IV Piggyback, Infuse over 60 min, q12 hours for 6 doses on DAYS 1-3**
[X]	**MESNA**	**1200 mg/m^2**		**Continuous Infusion, Infuse over 24 hours, Daily on DAYS 1-3**
[X]	**vinCRIStine**	**2 mg**	**2 mg**	**IVPush, ONCE on DAYS 4 and 11**
[X]	**DOXOrubicin**	**50 mg/m^2**		**IVPush, ONCE on DAY 4**
[X]	**dexamethasone**	**40 mg**	**40 mg**	**PO, qday on DAYS 1-4 and 11-14**
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, Once, DAYS 1 -4		
[X]	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Comment: if unable to take PO		
[X]	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting		
Consults/Notifications				
[ ]	Notify Physician- Once	T;N, Who: , For: if BSA exceeds 2 m^2		

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