

Physician Orders ADULT
Order Set: eribulin
Diagnosis : Metastatic Breast Cancer

Height: _____ cm		Weight: _____ kg		Cycle: _____ Of : _____	
Actual BSA: _____ m ²		Treatment BSA: _____ m ²		Day/Wk: _____ Freq: q 21 days	
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			
MUST COMPLETE THIS SECTION					
Previously failed 2 Chemotherapy regimens (including anthracycline and taxane) : ____ YES ____ NO					
Document prior regimens failed :					
Medications					
CHEMOTHERAPY					
	Drug(generic) & solution(optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses	
<input checked="" type="checkbox"/>	eribulin	1.4 mg/m ²		IV Push over 2-5 min, ONCE on DAY 1 and ONCE on DAY 8	
Acute Emesis Prophylaxis (may undergo therapeutic interchange)					
NOTE: Administer intial doses at least 30-60 minutes prior to chemotherapy					
<input checked="" type="checkbox"/>	ondansetron	16 mg, Tab, PO, Once, DAY 1			
<input checked="" type="checkbox"/>	ondansetron	12 mg, Injection, IV Piggyback, Once, DAY 1, Comment : if unable to take PO			
<input checked="" type="checkbox"/>	dexamethasone	12 mg, Tab, PO, once, Days 1 - 5			
<input checked="" type="checkbox"/>	dexamethasone	12 mg, Injection, IV Push, Once, Days 1 - 5, Comment : if unable to take PO			
<input checked="" type="checkbox"/>	lorazepam	1 mg, Tab, PO, q 4h, PRN nausea			
<input checked="" type="checkbox"/>	lorazepam	1 mg, Injection, IV Push, q 4h, PRN nausea, Comment: if unable to take PO			
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