attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: Intrathecal methotrexate

Diagnosis :

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:_____		

CHEMOTHERAPY

	Drug (generic) & solution (optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
[X]	**methotrexate (dilute in preservative free normal saline)**	**12 mg**	**12 mg**	**Intrathecal, Once on DAY _____**

_____ _____ _____ _____

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