

Physician Orders ADULT

Order Set: DA-EPOCH-R (Cycles 2 and Up)

Diagnosis : NHL

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 checked="" type="checkbox"/>	Nursing Communication	T;N, Hold hydration during chemotherapy infusion			
<input checked="" type="checkbox"/>	Communication	Nadir ANC ≥ 500/μl: Increase 1 dose level above last cycle Nadir ANC < 500/μl on 1 or 2 measurements: Same dose level as last cycle Nadir ANC < 500/μl on >3 measurements: Decrease 1 dose level below last cycle			
<input checked="" type="checkbox"/>	Communication	T;N, Rituximab and pegfilgrastim should be arranged to be given outpatient			
Continuous Infusions					
Pre Hydration					
<input checked="" type="checkbox"/>	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	
<input checked="" type="checkbox"/>	Etoposide	_____ mg/m ²		IV Piggyback, CIV, Infuse over 24hrs on Days 1-4	
<input checked="" type="checkbox"/>	Vincristine	0.4 mg/m ²		IV Piggyback, CIV, Infuse over 24hrs on Days 1-4	
<input checked="" type="checkbox"/>	Doxorubicin	_____ mg/m ²		IV Piggyback, CIV, Infuse over 24hrs on Days 1-4	
<input checked="" type="checkbox"/>	Cyclophosphamide	_____ mg/m ²		IV Piggyback, Infuse over 1 hr, ONCE on Day 5	
<input checked="" type="checkbox"/>	Prednisone	60 mg/m ²		Tablet, PO, Daily on Days 1-5, Comments: Round to nearest dosage form	
<input checked="" type="checkbox"/>	Rituximab	375 mg/m ²		IV Piggyback, Infuse per rituximab flowsheet, ONCE on Day 5 Outpatient	
Premedications for Rituximab					
<input checked="" type="checkbox"/>	Acetaminophen	650 mg, Tablet, PO, ONCE, Premedication for rituximab			
<input checked="" type="checkbox"/>	Diphenhydramine	50 mg, Injection, IV, ONCE, Premedication for rituximab			
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, Injection, IV Piggyback, qDay, on DAYS 1 - 5			
<input type="checkbox"/>	Aprepitant	125mg, Tab, PO, ONCE on days 1 then 80mg, Tab, PO on days 2-3			
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting			
<input checked="" type="checkbox"/>	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting , if unable to take PO			
GROWTH FACTORS					
<input type="checkbox"/>	pegfilgrastim	6 mg, Injection, Subcutaneous, ONCE on Day 6, Comment: Outpatient			
<input type="checkbox"/>	filgrastim	5mcg/kg _____, Injection, Subcutaneous, daily from days _____ to _____			

Date

Time

Physician's Signature

MD Number



Drugs	Drug Doses per Dose Levels							
	-2	-1	1	2	3	4	5	6
Doxorubicin (mg/m ² /day)	10	10	10	12	14.4	17.3	20.7	24.8
Etoposide (mg/m ² /day)	50	50	50	60	72	86.4	103.7	124.4
Cyclophosphamide (mg/m ² /day)	480	600	750	900	1080	1296	1555	1866