



attach patient label here

## Physician Orders ADULT

### Order Set: Intrathecal cytarabine

Diagnosis :

Height: _____ cm	Weight: _____ kg	Cycle: _____ Of : _____		
Actual BSA: _____ m2	Treatment BSA: _____ m2	Day/Wk: _____ Freq: _____		
<b>Allergies:</b> <input type="checkbox"/> No known allergies				
<input type="checkbox"/> Medication allergy(s): _____				
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____				
<b>CHEMOTHERAPY</b>				
	<b>Drug (generic) &amp; solution (optional)</b>	<b>Intended Dose</b>	<b>Actual Dose</b>	<b>Route, Infusion, Frequency and total doses</b>
[X]	<b>cytarabine</b> ( dilute in preservative free normal saline)	<b>75 mg</b>	<b>75 mg</b>	Intrathecal, Once on DAY _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
MD Number