(Place Patient Identification Sticker Here)

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Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: RDHAP

Diagnosis : Non- Hodgkin's Lymphoma Chemotherapy

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	
Continuous Infusions			
Pre Hydration			
[X]	Normal Saline	1,000 mL, IV, Routine, mL/hr	
[X]	PrednisoLONE 1% ophthalmic suspension	2 drops, both eyes, q6h, on DAYS 3-5	
Medications			
Pre Medication			
Administer the below before Rituximab :			
[X]	acetaminophen	650 mg, Tab, PO, Once, Comment: to be given prior to rituximab infusion	
[X]	diphenhydrAMINE	25 mg, Injection, IV, Once, Comment: to be given prior to rituximab infusion	

CHEMOTHERAPY

	Drug (generic) & solution (optional)	Intended Dose	Actual Dose	Route, Infusion, Frequency and total doses
[X]	**rituximab**	**375 mg/m^2**		**IV Piggyback, Infuse using Rituximab flowsheet, ONCE on DAY 1**
[X]	**CISplatin**	**100 mg/m^2**		**Continuous Infusion, Infuse over 24 hours, Once on DAY 2**
[X]	**cytarabine**	**2000 mg/m^2**		**IV Piggyback, Infuse over 2 hours, q 12hr for 2 doses starting on DAY 3**
[X]	**dexamethasone**	**40 mg**	**40 mg**	**PO, q24h on DAYS 2 - 5**

Acute Emesis Prophylaxis (may undergo therapeutic interchange)		
NOTE: Administer intial doses at least 30-60 minutes prior to chemotherapy		
[X]	aprepitant	125 mg, Tab, PO, once, on DAY 1
[X]	aprepitant	80 mg, Tab, PO, qDay, on DAY 2 and 3
[X]	ondansetron	12 mg, Injection, IV Piggyback, qDay, on DAYS 1-3
[X]	prochlorperazine	10 mg, Tab, PO, q6h, PRN Nausea/Vomiting
[X]	prochlorperazine	10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting , Comment : if unable to take PO
Delayed Emesis Prophylaxis		
NOTE: Start on Day		
[ ]	dexamethasone	8 mg, Tab, PO, bid, for 2 days Comment: Day 1 and 2 of delayed emesis prophylaxis
[ ]	dexamethasone	4 mg, Tab, PO, bid, for 2 days, Comment: Day 3 and 4 of delayed emesis prophylaxis
[ ]	dexamethasone	Dose: mg, Tab, PO, Frequency: , Duration:
[ ]	ondansetron	Dose: mg, Tab, PO, Frequency: , Duration:
[ ]	metoclopramide	Dose: mg, Tab, PO, Frequency: , Duration:
[ ]	prochlorperazine	Dose: mg, Tab, PO, Frequency: , Duration:

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Diagnosis : Non- Hodgkin's Lymphoma Chemotherapy

Consults/Notifications		
[ ]	Notify Physician- Once	T;N, Who: , For: if BSA exceeds 2 m^2

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