



attach patient label here

## Physician Orders ADULT

## Order Set: EPOCH-R

Diagnosis : NHL

Height: _____ cm		Weight: _____ kg		Cycle: _____ Of : _____	
Actual BSA: _____ m <sup>2</sup>		Treatment BSA: _____ m <sup>2</sup>		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>Patient Care</b>					
<input checked="" type="checkbox"/>	Nursing Communication	T;N, Hold hydration during chemotherapy infusion			
<input checked="" type="checkbox"/>	Communication	T;N, Rituximab and pegfilgrastim should be arranged to be given outpatient			
<input type="checkbox"/>	Communication	HIV Patients Only: Cyclophosphamide dosing: <b>Cycle 1</b> , if CD4 < 100/mcL dose at 187 mg/m <sup>2</sup> or if CD4 > 100/mcL dose at 375 mg/m <sup>2</sup>			
<b>Continuous Infusions</b>					
<b>Pre Hydration</b>					
<input checked="" type="checkbox"/>	Normal Saline	1,000 mL, IV, Routine, _____ mL/hr			
<b>Medications</b>					
<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>	
<input checked="" type="checkbox"/>	Etoposide	50 mg/m <sup>2</sup>		IV Piggyback, CIV, Infuse over 24hrs on Days 1-4	
<input checked="" type="checkbox"/>	Vincristine	0.4 mg/m <sup>2</sup>		IV Piggyback, CIV, Infuse over 24hrs on Days 1-4	
<input checked="" type="checkbox"/>	Doxorubicin	10 mg/m <sup>2</sup>		IV Piggyback, CIV, Infuse over 24hrs on Days 1-4	
<input checked="" type="checkbox"/>	Cyclophosphamide	750 mg/m <sup>2</sup>		IV Piggyback, Infuse over 1 hr, ONCE on Day 5	
<input checked="" type="checkbox"/>	Prednisone	60 mg/m <sup>2</sup>		Tablet, PO, Daily on Days 1-5, Comments: Round to nearest dosage form	
<input checked="" type="checkbox"/>	Rituximab	375 mg/m <sup>2</sup>		IV Piggyback, Infuse per rituximab flowsheet, ONCE on Day 5 Outpatient	
<b>Premedications for Rituximab</b>					
<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			
<b>Acute Emesis Prophylaxis ( may undergo therapeutic interchange)</b>					
<b>NOTE: Administer initial doses at least 30-60 minutes prior to chemotherapy</b>					
<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			
<b>GROWTH FACTORS</b>					
<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



\* 0 6 5 \*