**PHYSICIAN’S ORDER SHEET FOR CHEMOTHERAPEUTIC AGENTS**

Medical Record Form 5350 A57 - Rev. 11/03

The University of Texas Medical Branch Hospitals
Galveston, Texas

Original - Medical Record

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**Date:**

**Weight:**

**Height:**

**BSA (m²):**

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**Diagnosis:**

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**Allergies:**

* Must fill out all above blank spaces

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I. **Pertinent Laboratory Data:**

<table>
<thead>
<tr>
<th>Date</th>
<th>WBC</th>
<th>ANC</th>
<th>Plts</th>
<th>Hgb/Hct</th>
<th>Scr</th>
</tr>
</thead>
</table>

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II. **Drug Order:**

a) **Protocol/Investigational Study (i.e., SWOG):**

b) **Cycle #:**

day #:

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**Date of Starting Chemo**

**Chemotherapy Drug**

**Full Protocol Dose per m², lb, or kg per day**

**Protocol Adjustment** (% of protocol dose)

**Dose (mg/mcg/gm) + Route (i.e. iv/po)**

**Treatment Day (e.g. Days 1-3, days 1 & 5)**

**Duration of Infusion (e.g. over 3 hours)**

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*Protocol Adjustment column used to reflect dosage reduction from protocol. Enter the percentage of the protocol dose to be administered.*

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b) **Comments:**

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c) **Scheduled Premedication for Entire Cycle** (antiemetic, hydration):

1.

2.

3.

4.

5.

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d) **Antiemetic PRN orders**

1.

2.

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e) **Others:**

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III. **Authorization Signatures and pager #s**

* Faculty Signature Pager Date/Time Written by Pager Date/Time

* Faculty member must sign order before processing the chemotherapy.

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**ADDITIONAL FORMS MAY BE OBTAINED FROM MATERIALS MANAGEMENT REORDER NUMBER 68598**

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**MFG. BY Moore Wallace North America Inc.**

**UTMB FORMS MANAGEMENT STRICTLY PROHIBITS CHANGES TO THIS FORM.**

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**IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW**

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"1A1112"