Adult Outpatient Chemotherapy Order Form *(page 1 of 1)*

Diagnosis / Indications: Ovarian cancer

Regimen: Topotecan q21days

Cycle #: _____

References: Markman M., et al. *Gynecol Oncol* 2000; 79:116-9.

Begin Therapy Day #1 (_____/_____/_____)

Patient Height: _____ **cm**

Weight: Actual _____ kg Ideal: _____ kg Used: _____ kg

Body Surface Area: Actual: _____ m^2 Ideal: _____ m^2 Used: _____ m^2

Allergies *(reactions)*: _____

Chemotherapy:

	DRUG (Oral or injectable)	PROTOCOL DOSAGE (Per m^2)	PATIENT'S DOSE	ROUTE / FREQUENCY	GIVE ON DAYS
1	Topotecan	1.5 mg/m^2/day		IV	Days 1, 2, and 3
	Fluid / Volume: Minimal volume			Flow Rate or Infusion Time: 30 minutes	
2					
	Fluid / Volume			Flow Rate or Infusion Time	

Follow-up appt.: _____ **with labs** _____

Specific Administration Instructions/Requirements:

1. **Institute extravasation protocol in the event of a suspected extravasation**
   ☐ **ANC greater than 1,000** ☐ **ANC greater than 1,500** ☐ **Platelets greater than 100,000**
2. **Monitor for hypersensitivity / allergic reaction. If suspected, then follow hypersensitivity / anaphylaxis orders per the Emergency Physician's Order protocol.**

Labs: ☐ **CBC w/diff** ☐ **CMP** ☐ **BMP** ☐ **Other:** _____

Pre-Medications:

1. **Dexamethasone 12 mg IV Days 1, 2, 3**

PRN Medications *(please check appropriate meds)*:

☐ **Lorazepam 1 mg IV** ☐ **Prochloperazine 10 mg IV** ☐ **Promethazine 25 mg IV**

Take Home Medications *(please check appropriate meds)*:

☐ **Prochloperazine 10 mg PO q6hr PRN nausea and vomiting #** _____

☐ **Promethazine 25 mg PO q6hr PRN nausea and vomiting #** _____

Special Instructions/Extra orders: _____

Date _____ **Time** _____ **Physician / PA / RPh** _____ **Provider #** _____ **Beeper #** _____

Date _____ **Time** _____ **Signature of Oncology Attending / Fellow** _____ **MD**

Print Name of Attending / Fellow _____ **MD#** _____

Pharmacy Use Only:
086610-1

Shands at the University of Florida
Gainesville, Florida 32610

RX0001

Patient Name: Patient Identification #:

Date printed5/8/09

12/29/08
PS86610