

**CYCLOPHOSPHAMIDE (CYTOXAN)
ORDERS**

ADDRESSOGRAPH

UNLESS THE WORD SPECIFIC IS WRITTEN AFTER A DRUG ORDER BY TRADE NAME, A GENERIC EQUIVALENT DRUG APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE MAY BE DISPENSED IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS.

Please check (✓) the appropriate box (□) and fill in the blank(s) as needed.

DATE	TIME	ORDERS
		<p>IV Fluids: Fluid load should be modified to _____ ml/hour in debilitated patients.</p> <p>Pre-Cyclophosphamide infusion <input type="checkbox"/> 1.5 liters of D5 1/2NS at _____ ml/hour (150ml/M²/hour) Other: _____</p> <p>Intra-Cyclophosphamide infusion <input type="checkbox"/> 1 liter D5 1/2NS at _____ ml/hour (150ml/M²/hour) Other: _____</p> <p>Post-Cyclophosphamide infusion <input type="checkbox"/> 1.5 liters of D5 1/2NS at _____ ml/hour (150ml/M²/hour) Other: _____</p>
		<p>Medications (Routine):</p> <p>Antiemetics: <input type="checkbox"/> Ondansetron (Zofran) 8mg IVP 30 minutes prior to Cyclophosphamide infusion <input type="checkbox"/> Ondansetron (Zofran) 8mg IVP 3 hours post-Cyclophosphamide infusion <input type="checkbox"/> Repeat Ondansetron (Zofran) 8mg IVP _____ hours and _____ hours after Cyclophosphamide infusion initiated. <input type="checkbox"/> Dexamethasone (Decadron) 10mg PO 3 hours post-Cyclophosphamide infusion Other: _____</p> <p>Diuresis: Choose One: <input type="checkbox"/> Furosemide (Lasix) _____ mg IVP x1 with Cyclophosphamide infusion <input type="checkbox"/> Furosemide (Lasix) _____ mg PO x1 with Cyclophosphamide infusion <input type="checkbox"/> Furosemide (Lasix) _____ mg IVP x1 one hour post- Cyclophosphamide infusion</p> <p>Infusion: House officer or Chemotherapy Certified Nurse must hang Cyclophosphamide. Actual weight: _____ Height: _____ BSA: _____ <input type="checkbox"/> Cyclophosphamide (Cytosan) _____ grams (_____ gram/M²) IVPB over 4 hours for _____ (indication) *Change IV tubing of back up fluid after completion of Cyclophosphamide for myopathy.</p> <p>Other: <input type="checkbox"/> Mesna (Mesnex) _____ mg IVPB x1 with Cyclophosphamide infusion, bladder protection <input type="checkbox"/> Repeat Mesna (Mesnex) _____ mg IVPB 3 hours post-Cyclophosphamide infusion</p>
		<p>Attending MD: _____ Telephone # / Pager # _____ <small>SIGNATURE REQUIRED PRINTED NAME REQUIRED</small></p> <p>MD: _____ Telephone # / Pager # _____ <small>SIGNATURE REQUIRED PRINTED NAME REQUIRED</small></p>

DO NOT WRITE BELOW THIS LINE

