

# Physician's Orders

## HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 13

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

**Provider Specialty**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

**Site of Service**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Treatment Intent**

- |                                       |                                      |                                       |                                     |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative    | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control      | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative   |                                     |

*Types:* ONCOLOGY TREATMENT, NON-ONCOLOGY SUPPORTIVE CARE, Non-Oncology Supportive Care 2, Non-Oncology Supportive Care 3

*Synonyms:* HYDROXYUREA, DROXIA, HYDREA, ESSENTIAL THROMBOCYTOSIS, MYELOFIBROSIS, SIKLOS, POLYCYTHENIA VERA, PCV

Pre-Treatment Lab Cycle		Cycle length: 1 day
Baseline labs		Perform every 1 day x1
Labs	<input checked="" type="checkbox"/> <b>ONC PROVIDER REMINDER 28</b> Interval: Until discontinued Occurrences: Once Comments: This patient does not qualify for pregnancy test based on the following criteria: * Female, aged 12 to 60 years * Uterus is still intact  If you disagree, consider adding a pregnancy test monthly prior to chemotherapy.  Selection conditions: Patient could NOT become pregnant	
	<b>Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation.</b> Interval: Until discontinued Occurrences: Once Selection conditions: Patient could become pregnant	
	<input type="checkbox"/> <b>hcG, QUANTITATIVE</b> Interval: Once Occurrences: Once Selection conditions: Patient could become pregnant Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous	
Labs	<input checked="" type="checkbox"/> <b>COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL</b> Interval: Once Occurrences: Once Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous	
Labs	<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b> Interval: Once Occurrences: Once Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous	

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

**CONTINUED ON PAGE 2 →**
**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

**HEMATOLOGICAL HYDROXYUREA -  
ADULT, OUTPATIENT, INFUSION CENTER  
(CONTINUED)**

Page 2 to 13

**Pre-Treatment Cycle**

Cycle length: 7 days

**Outpatient Prescriptions**

Perform every 1 day x1

## Appointment Requests

 **ONCBCN EDUCATION CLASS APPOINTMENT REQUEST**

 Interval: Once Occurrences: Once  
 Expected: S, Expires: S+365, Schedule appointment at most 3 days before or at most 3 days after

## Safety Parameters and Special Instructions

 **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

 Interval: Until discontinued Occurrences: Once  
 Comments: HYDROXYUREA:  
 Administer at the same time each day. Swallow whole; do not break, chew, or open capsules.  
 Check ordered labs and report abnormalities. Monitor for signs of anaphylaxis, CNS changes, infection, and bleeding, and educate patient to report.  
 Vasculitic ulcerations and gangrene have been reported in patients with myeloproliferative disorders during hydroxyurea treatment, most often in patients with a history of or receiving concurrent interferon therapy. Discontinue hydroxyurea (or reduce the dose) and consider alternate cytoreductive therapy if cutaneous vasculitic toxicity develops.  
 Educate patient on sun protection and the need for checking skin closely for any changes. Instruct patient not to receive any live virus vaccinations before, during, or after treatment.  
 Women of reproductive potential should be advised to avoid becoming pregnant during treatment. Evaluate pregnancy status prior to use in females of reproductive potential. Females of reproductive potential should use effective contraception during and for at least 6 months after completion of therapy. Males with female partners of reproductive potential should use effective contraception during and for at least 6 months (Siklos) or 1 year (Droxia, Hydrea) after therapy. Hydroxyurea may also impair male fertility.

## Safety Parameters and Special Instructions

 **ONC NURSING COMMUNICATION 201**

 Interval: Until discontinued Occurrences: Once  
 Comments: APP may refill oral chemotherapy prescriptions, as long as patient is being evaluated at appropriate intervals?  
 Yes  
 No

## Oral Chemotherapy

 **hydroxyurea (HYDREA) 500 MG capsule**

 Dose: 500 mg Route: Oral Daily  
 Dispense: 28 capsules Refills: 11  
 Start: S  
 Instructions:  
 Swallow whole; do not break, chew or open capsules.

 **hydroxyurea (SIKLOS) 100 MG tablet**

 Dose: 500 mg Route: Oral Daily  
 Dispense: 28 tablets Refills: 11  
 Start: S  
 Instructions:  
 Take with glass of water.

 **hydroxyurea (DROXIA) 200 MG capsule**

 Dose: \_\_\_\_\_ mg Route: Oral Daily  
 Dispense: \_\_\_\_\_ capsule Refills: \_\_\_\_\_ Start: S  
 Instructions:  
 Swallow whole; do not break, chew or open capsules.

# HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 3 to 13

Cycle 1		Cycle length: 28 days
Day 1	Perform every 1 day x1	
	Appointment Requests	
	<p><b>ONCBCN TELEPHONE VISIT REQUEST</b></p> <p>Interval: Once      Occurrences: 1 Treatment Cycle            Expected: S, Expires: S+365, 30 minutes, Schedule appointment at most 3 days before or at most 3 days after</p>	
	Safety Parameters and Special Instructions	
	<p><b>ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5</b></p> <p>Interval: Until discontinued      Occurrences: 1 Treatment Cycle            Comments: HYDROXYUREA:            Administer at the same time each day. Swallow whole; do not break, chew, or open capsules.</p> <p>Check ordered labs and report abnormalities. Monitor for signs of anaphylaxis, CNS changes, infection, and bleeding, and educate patient to report.</p> <p>Vasculitic ulcerations and gangrene have been reported in patients with myeloproliferative disorders during hydroxyurea treatment, most often in patients with a history of or receiving concurrent interferon therapy. Discontinue hydroxyurea (or reduce the dose) and consider alternate cytoreductive therapy if cutaneous vasculitic toxicity develops.</p> <p>Educate patient on sun protection and the need for checking skin closely for any changes. Instruct patient not to receive any live virus vaccinations before, during, or after treatment.</p> <p>Women of reproductive potential should be advised to avoid becoming pregnant during treatment. Evaluate pregnancy status prior to use in females of reproductive potential. Females of reproductive potential should use effective contraception during and for at least 6 months after completion of therapy. Males with female partners of reproductive potential should use effective contraception during and for at least 6 months (Siklos) or 1 year (Droxia, Hydrea) after therapy. Hydroxyurea may also impair male fertility.</p>	
	Safety Parameters and Special Instructions	
	<p><b>ONC NURSING COMMUNICATION 201</b></p> <p>Interval: Until discontinued      Occurrences: 1 Treatment Cycle            Comments: APP may refill oral chemotherapy prescriptions, as long as patient is being evaluated at appropriate intervals?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
	Nursing Orders	
	<p><b>ORAL CHEMOTHERAPY COMPLIANCE</b></p> <p>Interval: Until discontinued      Occurrences: 1 Treatment Cycle</p>	
	Nursing Orders	
<p><b>ONC NURSING COMMUNICATION 19</b></p> <p>Interval: Until discontinued      Occurrences: 1 Treatment Cycle            Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 7 days or draw them in clinic prior to beginning of treatment.</p>		
<p><b>ONC NURSING COMMUNICATION 200</b></p> <p>Interval: Until discontinued      Occurrences: 1 Treatment Cycle            Comments: May Initiate IV Catheter Patency Adult Protocol.</p>		

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

**HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)**

Page 4 to 13

## Nursing Orders

 **ONC NURSING COMMUNICATION 1**

Interval: Until discontinued      Occurrences: 1 Treatment Cycle  
 Comments: Confirm that patient has prescription for ORAL CHEMOTHERAPY and understands how to take it. For example: time of day, in regards to food or drink, and if there are days when the patient shouldn't be taking the medication. Notify provider if patient is experiencing adverse affects from the medication or lab values are not within normal range.

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 2**

Interval: Until discontinued      Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if absolute neutrophil count (ANC) is greater than 1,200 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 6**

Interval: Until discontinued      Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if platelets greater than 100,000 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 1**

Interval: Until discontinued      Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if serum creatinine is less than 1.5 mg/dL

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 7**

Interval: Until discontinued      Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if:

- Blood alanine transaminase (ALT) less than 80 IU/L (2 times upper limit of normal)
- Blood aspartate aminotransferase (AST) less than 80 IU/L (2 times upper limit of normal)

**Day 15**

Perform every 1 day x1

## Appointment Requests

 **ONCBCN TELEPHONE VISIT REQUEST**

Interval: Once      Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+365, 30 minutes, Schedule appointment at most 3 days before or at most 3 days after

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

# HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 5 to 13

Safety Parameters and Special Instructions

**ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: HYDROXYUREA:  
Administer at the same time each day. Swallow whole; do not break, chew, or open capsules.

Check ordered labs and report abnormalities. Monitor for signs of anaphylaxis, CNS changes, infection, and bleeding, and educate patient to report.

Vasculitic ulcerations and gangrene have been reported in patients with myeloproliferative disorders during hydroxyurea treatment, most often in patients with a history of or receiving concurrent interferon therapy. Discontinue hydroxyurea (or reduce the dose) and consider alternate cytoreductive therapy if cutaneous vasculitic toxicity develops.

Educate patient on sun protection and the need for checking skin closely for any changes. Instruct patient not to receive any live virus vaccinations before, during, or after treatment.

Women of reproductive potential should be advised to avoid becoming pregnant during treatment. Evaluate pregnancy status prior to use in females of reproductive potential. Females of reproductive potential should use effective contraception during and for at least 6 months after completion of therapy. Males with female partners of reproductive potential should use effective contraception during and for at least 6 months (Siklos) or 1 year (Droxia, Hydrea) after therapy. Hydroxyurea may also impair male fertility.

Safety Parameters and Special Instructions

**ONC NURSING COMMUNICATION 201**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: APP may refill oral chemotherapy prescriptions, as long as patient is being evaluated at appropriate intervals?

- Yes
- No

Nursing Orders

**ORAL CHEMOTHERAPY COMPLIANCE**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Nursing Orders

**ONC NURSING COMMUNICATION 19**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 7 days or draw them in clinic prior to beginning of treatment.

**ONC NURSING COMMUNICATION 200**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: May Initiate IV Catheter Patency Adult Protocol.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

# HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 6 to 13

**Nursing Orders**

**ONC NURSING COMMUNICATION 1**

Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: Confirm that patient has prescription for ORAL CHEMOTHERAPY and understands how to take it. For example: time of day, in regards to food or drink, and if there are days when the patient shouldn't be taking the medication. Notify provider if patient is experiencing adverse affects from the medication or lab values are not within normal range.

**Labs**

**COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**

Interval: Once Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

**Treatment Parameters**

**ONC MONITORING AND HOLD PARAMETERS 2**

Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if absolute neutrophil count (ANC) is greater than 1,200 per microliter

**Treatment Parameters**

**ONC MONITORING AND HOLD PARAMETERS 6**

Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if platelets greater than 100,000 per microliter

**Cycle 2**

Cycle length: 28 days

**Day 1**

Perform every 1 day x1

**Appointment Requests**

**ONCBCN TELEPHONE VISIT REQUEST**

Interval: Once Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+365, 30 minutes, Schedule appointment at most 3 days before or at most 3 days after

**Safety Parameters and Special Instructions**

**ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: HYDROXYUREA:

Administer at the same time each day. Swallow whole; do not break, chew, or open capsules.

Check ordered labs and report abnormalities. Monitor for signs of anaphylaxis, CNS changes, infection, and bleeding, and educate patient to report.

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Educate patient on sun protection and the need for checking skin closely for any changes. Instruct patient not to receive any live virus vaccinations before, during, or after treatment.

Women of reproductive potential should be advised to avoid becoming pregnant during treatment. Evaluate pregnancy status prior to use in females of reproductive potential. Females of reproductive potential should use effective contraception during and for at least 6 months after completion of therapy. Males with female partners of reproductive potential should use effective contraception during and for at least 6 months (Siklos) or 1 year (Droxia, Hydrea) after therapy. Hydroxyurea may also impair male fertility.

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**HEMATOLOGICAL HYDROXYUREA -  
 ADULT, OUTPATIENT, INFUSION CENTER  
 (CONTINUED)**

Page 7 to 13

## Safety Parameters and Special Instructions

 **ONC NURSING COMMUNICATION 201**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: APP may refill oral chemotherapy prescriptions, as long as patient is being evaluated at appropriate intervals?  
 Yes  
 No

## Nursing Orders

 **ORAL CHEMOTHERAPY COMPLIANCE**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

## Nursing Orders

 **ONC NURSING COMMUNICATION 19**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 7 days or draw them in clinic prior to beginning of treatment.

 **ONC NURSING COMMUNICATION 200**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May Initiate IV Catheter Patency Adult Protocol.

## Nursing Orders

 **ONC NURSING COMMUNICATION 1**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: Confirm that patient has prescription for ORAL CHEMOTHERAPY and understands how to take it. For example: time of day, in regards to food or drink, and if there are days when the patient shouldn't be taking the medication. Notify provider if patient is experiencing adverse affects from the medication or lab values are not within normal range.

## Labs

 **ONC PROVIDER REMINDER 28**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: This patient does not qualify for pregnancy test based on the following criteria:  
 \* Female, aged 12 to 60 years  
 \* Uterus is still intact

If you disagree, consider adding a pregnancy test monthly prior to chemotherapy.

Selection conditions: Patient could NOT become pregnant

**Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation.**
 **HCG, QUANTITATIVE**

 Interval: Once Occurrences: 1 Treatment Cycle  
 Selection conditions: Patient could become pregnant  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

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**HEMATOLOGICAL HYDROXYUREA -  
 ADULT, OUTPATIENT, INFUSION CENTER  
 (CONTINUED)**

Page 8 to 13



## Labs

 **COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**

 Interval: Once Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

## Labs

 **COMPREHENSIVE METABOLIC PANEL**

 Interval: Once Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 2**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if absolute neutrophil count (ANC) is greater than 1,200 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 6**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if platelets greater than 100,000 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 1**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if serum creatinine is less than 1.5 mg/dL

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 7**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if:
 

- Blood alanine transaminase (ALT) less than 80 IU/L (2 times upper limit of normal)
- Blood aspartate aminotransferase (AST) less than 80 IU/L (2 times upper limit of normal)

**Day 15**

Perform every 1 day x1

## Appointment Requests

 **ONCBCN TELEPHONE VISIT REQUEST**

 Interval: Once Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+365, 30 minutes, Schedule appointment at most 3 days before or at most 3 days after


# HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 9 to 13

Safety Parameters and Special Instructions

**ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

Interval: Until discontinued Occurrences: 1 Treatment Cycle --

Comments: HYDROXYUREA:

Administer at the same time each day. Swallow whole; do not break, chew, or open capsules.

Check ordered labs and report abnormalities. Monitor for signs of anaphylaxis, CNS changes, infection, and bleeding, and educate patient to report.

Vasculitic ulcerations and gangrene have been reported in patients with myeloproliferative disorders during hydroxyurea treatment, most often in patients with a history of or receiving concurrent interferon therapy. Discontinue hydroxyurea (or reduce the dose) and consider alternate cytoreductive therapy if cutaneous vasculitic toxicity develops.

Educate patient on sun protection and the need for checking skin closely for any changes. Instruct patient not to receive any live virus vaccinations before, during, or after treatment.

Women of reproductive potential should be advised to avoid becoming pregnant during treatment. Evaluate pregnancy status prior to use in females of reproductive potential. Females of reproductive potential should use effective contraception during and for at least 6 months after completion of therapy. Males with female partners of reproductive potential should use effective contraception during and for at least 6 months (Siklos) or 1 year (Droxia, Hydrea) after therapy. Hydroxyurea may also impair male fertility.

Safety Parameters and Special Instructions

**ONC NURSING COMMUNICATION 201**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: APP may refill oral chemotherapy prescriptions, as long as patient is being evaluated at appropriate intervals?

Yes

No

Nursing Orders

**ORAL CHEMOTHERAPY COMPLIANCE**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Nursing Orders

**ONC NURSING COMMUNICATION 19**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 7 days or draw them in clinic prior to beginning of treatment.

**ONC NURSING COMMUNICATION 200**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: May Initiate IV Catheter Patency Adult Protocol.

Nursing Orders

**ONC NURSING COMMUNICATION 1**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

Comments: Confirm that patient has prescription for ORAL CHEMOTHERAPY and understands how to take it. For example: time of day, in regards to food or drink, and if there are days when the patient shouldn't be taking the medication. Notify provider if patient is experiencing adverse affects from the medication or lab values are not within normal range.

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**HEMATOLOGICAL HYDROXYUREA -  
 ADULT, OUTPATIENT, INFUSION CENTER  
 (CONTINUED)**

Page 10 to 13



## Labs

 **COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**

 Interval: Once Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

## Nursing Orders

 **ORAL CHEMOTHERAPY COMPLIANCE**

Interval: Until discontinued Occurrences: 1 Treatment Cycle

## Nursing Orders

 **ONC NURSING COMMUNICATION 19**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 7 days or draw them in clinic prior to beginning of treatment.

 **ONC NURSING COMMUNICATION 200**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May Initiate IV Catheter Patency Adult Protocol.

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 2**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if absolute neutrophil count (ANC) is greater than 1,200 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 6**

 Interval: Until discontinued Occurrences: 1 Treatment Cycle  
 Comments: May proceed with chemotherapy if platelets greater than 100,000 per microliter

**Cycles 3 to 5**

Repeat 3 times

Cycle length: 28 days

**Day 1**

Perform every 1 day x1

## Appointment Requests

 **ONCBCN TELEPHONE VISIT REQUEST**

 Interval: Once Occurrences: 3 Treatment Cycles  
 Expected: S, Expires: S+365, 30 minutes, Schedule appointment at most 3 days before or at most 3 days after


Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



# HEMATOLOGICAL HYDROXYUREA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 11 to 13

Safety Parameters and Special Instructions

**ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

Interval: Until discontinued Occurrences: 3 Treatment Cycles

Comments: HYDROXYUREA:  
Administer at the same time each day. Swallow whole; do not break, chew, or open capsules.

Check ordered labs and report abnormalities. Monitor for signs of anaphylaxis, CNS changes, infection, and bleeding, and educate patient to report.

Vasculitic ulcerations and gangrene have been reported in patients with myeloproliferative disorders during hydroxyurea treatment, most often in patients with a history of or receiving concurrent interferon therapy. Discontinue hydroxyurea (or reduce the dose) and consider alternate cytoreductive therapy if cutaneous vasculitic toxicity develops.

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Safety Parameters and Special Instructions

**ONC NURSING COMMUNICATION 201**

Interval: Until discontinued Occurrences: 3 Treatment Cycles

Comments: APP may refill oral chemotherapy prescriptions, as long as patient is being evaluated at appropriate intervals?

- Yes
- No

Nursing Orders

**ORAL CHEMOTHERAPY COMPLIANCE**

Interval: Until discontinued Occurrences: 3 Treatment Cycles

Nursing Orders

**ONC NURSING COMMUNICATION 19**

Interval: Until discontinued Occurrences: 3 Treatment Cycles

Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 7 days or draw them in clinic prior to beginning of treatment.

**ONC NURSING COMMUNICATION 200**

Interval: Until discontinued Occurrences: 3 Treatment Cycles

Comments: May Initiate IV Catheter Patency Adult Protocol.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

**HEMATOLOGICAL HYDROXYUREA -  
ADULT, OUTPATIENT, INFUSION CENTER  
(CONTINUED)**

Page 12 to 13

## Nursing Orders

 **ONC NURSING COMMUNICATION 1**

Interval: Until discontinued      Occurrences: 3 Treatment Cycles  
 Comments: Confirm that patient has prescription for ORAL CHEMOTHERAPY and understands how to take it. For example: time of day, in regards to food or drink, and if there are days when the patient shouldn't be taking the medication. Notify provider if patient is experiencing adverse affects from the medication or lab values are not within normal range.

## Labs

 **ONC PROVIDER REMINDER 28**

Interval: Until discontinued      Occurrences: 3 Treatment Cycles --  
 Comments: This patient does not qualify for pregnancy test based on the following criteria:  
 \* Female, aged 12 to 60 years  
 \* Uterus is still intact  
  
 If you disagree, consider adding a pregnancy test monthly prior to chemotherapy.  
  
 Selection conditions: Patient could NOT become pregnant

**Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation.**

 **HCG, QUANTITATIVE**

Interval: Once      Occurrences: 3 Treatment Cycles  
 Selection conditions: Patient could become pregnant  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

## Labs

 **COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**

Interval: Once      Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

## Labs

 **COMPREHENSIVE METABOLIC PANEL**

Interval: Once      Occurrences: 1 Treatment Cycle  
 Expected: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 2**

Interval: Until discontinued      Occurrences: 3 Treatment Cycles  
 Comments: May proceed with chemotherapy if absolute neutrophil count (ANC) is greater than 1,200 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 6**

Interval: Until discontinued      Occurrences: 3 Treatment Cycles  
 Comments: May proceed with chemotherapy if platelets greater than 100,000 per microliter

## Treatment Parameters

 **ONC MONITORING AND HOLD PARAMETERS 1**

Interval: Until discontinued      Occurrences: 3 Treatment Cycles  
 Comments: May proceed with chemotherapy if serum creatinine is less than 1.5 mg/dL

