Anticipated Infusion Date ______________ ICD 10 Code with Description __________________________________________________________________
Height __________ (cm) Weight __________ (kg) Allergies ______________________________________________________________________

Provider Specialty
☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Treatment Intent
☐ Conditioning ☐ Curative ☐ Mobilization ☐ Supportive
☐ Control ☐ Maintenance ☐ Palliative

Cycle 1
Day 1
# of cycles __________ Cycle length: 7 days
Perform every 1 day x 1

Appointment Requests

ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1
Interval: Once Occurrences: 1 Treatment
Expected: S, Expires: S+365, 60 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Provider Reminder

ONC PROVIDER REMINDER
Interval: Until discontinued Occurrences: 1
Comments: Adjust methotrexate dose gradually to achieve optimal response.

Safety Parameters and Special Instructions

ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6
Interval: Until discontinued Occurrences: 1
Comments: PROVIDER TO EVALUATE NEED FOR VIRAL SCREENING: The ASCO hepatitis B screening and management provisional clinical opinion (www.asco.org/supportive-care-guidelines) recommends hepatitis B virus (HBV) at the beginning of systemic anticancer therapy; anticancer treatment should not be delayed for screening/results. Detection of chronic or past HBV infection requires a risk assessment to determine antiviral prophylaxis requirements, monitoring, and follow-up.

NCCN SUPPORTIVE CARE GUIDELINES FOR PREVENTION AND TREATMENT OF CANCER-RELATED INFECTIONS: The current NCCN guidelines state that providers should “consider” screening for HBV, HCV, and HIV prior to induction of immunosuppressive or chemotherapy.

Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL
Interval: Once Occurrences: 1
Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous
METHOTREXATE - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Labs

- **COMPREHENSIVE METABOLIC PANEL**
  - Interval: Once
  - Occurrences: 1
  - Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous

Provider Reminder

- **ONC PROVIDER REMINDER 28**
  - Selection conditions: Patient could NOT become pregnant.
  - Interval: Until discontinued
  - Occurrences: 1
  - 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.

- **Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation.**
  - Selection conditions: Patient could become pregnant.
  - **Beta hCG, QUANTITATIVE**
    - Interval: Until discontinued
    - Occurrences: 1
    - Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous

Nursing Orders

- **ONC NURSING COMMUNICATION 9**
  - Interval: Until discontinued
  - Occurrences: 1
  - Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

- **ONC NURSING COMMUNICATION 200**
  - Interval: Until discontinued
  - Occurrences: 1
  - Comments: May Initiate IV Catheter Patency Adult Protocol.

Chemotherapy

- **methotrexate 50 MG/2 ML injection**
  - Dose:  
    - ☐ 7.5 mg
    - ☐ 15 mg
    - ☐ 20 mg
    - ☐ 25 mg
    - ☐ _____ mg
  - Route:  
    - ☐ Subcutaneous
    - ☐ Intramuscular
  - Once for 1 dose
  - Offset: 0 Hours

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials __________________________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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<th>TRANSCRIPTED:</th>
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<th>Pager #</th>
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EPIC VERSION DATE:
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