



Patient Name
DOB
MRN
Physician
FIN

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 | |

Cycle 1 # of cycles Cycle length: 7 days
Day 1 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

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.

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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: Route: Once for 1 dose
 7.5 mg Subcutaneous Offset: 0 Hours
 15 mg Intramuscular
 20 mg
 25 mg
 _____ mg

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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.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: