| **Date** | **Time** | **PHYSICIAN ORDERS**  ***\*\*Chemotherapy orders must be signed by faculty/staff physician\*\****  **Visit ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| --- | --- | --- | --- | --- |
|  |  | Required Documentation (Orders cannot be processed unless these fields are completed)   * **Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Admit as:**  **Inpatient or**  **Outpatient** | | |
| * Weight \_\_\_\_\_\_\_\_ kg **(no shoes, empty pockets)**   **Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
|  |  | **Research Team for Visit**   * MD to contact for THIS visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Research staff to contact for THIS visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | Allergies    NKA  List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | CALL ORDERS | | |
| * SBP < 90 mmHg or > 160 mmHg * RR < 10 bpm or > 24 bpm * T > 38°C * Uncontrolled pain, severe muscle or joint pain * Chills or Shaking Chills | * Platelets < 75\*109/L (25\*109/L if bone marrow infiltration or splenic sequestration) * ANC < 1\*109/L (0.5\*109/L if bone marrow infiltration or splenic sequestration) * Hemoglobin < 9g/dl (7 g/dL if bone marrow infiltration or splenic sequestration) * Creatinine clearance < 60 mL/min * Bilirubin > 1.5 mg/dL * AST > 117 units/L * ALT > 156 units/L * ALP > 375 units/L * Glucose > 250 mg/dL * Urine protein > 3+ on C1D1 * Positive urine pregnancy | |
|  |  | General  Participant may take home medications  Diet and Activity as tolerated | | |
|  |  | **Available IV Access**  Central IV access required  Initiate IV Access Device Management Protocol-Adult | | |
|  |  | Assessments | | |
|  |  | Hypersensitivity / Anaphylaxis Precautions  Institute Hypersensitivity Treatment Order (IU Health CH# 20696) for infusion related event. | | |
|  |  | Emergency Medication at Bedside  Hydrocortisone PF injection 100 mg, IV Push, PRN x 1 Dose, For Hypersensitivity Reaction: *Chest tightness, shortness of breath, chills, rigors, bronchospasm, generalized urticarial or restlessness* during or after injection  DiphenhydrAMINE 50 mg, IV Push, PRN x 1 dose for Hypersensitivity Reaction: *pruritis and scratchy throat* during or after injection, use first.  Famotidine 20 mg, IV Push, PRN x 1 dose for Hypersensitivity Reaction: *pruritis and scratchy throat* during or after injection. Use second  EPINEPHrine inj 1 mg/mL 0.3 mg, Subcutaneous, Injection, PRN x 1 dose for Hypersensitivity Reaction: *anaphylaxis or severe reaction* to injection  Albuterol HFA MDI 90mCg/puff inhalation aerosol 2 Puff, Inhalation, Aerosol, MDI/DPI Inhaler Treatment, Unscheduled, PRN, Hypersensitivity Reaction: *wheezing* during or after Injection | | |
|  |  | **IV Fluids**  0.9% NaCl 1000 mL IV at 125 mL/Hr continuous infusion  0.9% NaCl 1000 mL IV at 100 mL/Hr continuous infusion  0.9% NaCl 1000 mL IV at 75 mL/Hr continuous infusion  0.9% NaCl 1000 mL IV bolus ONCE over 1 hour  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | **Additional Medications** | | |
|  |  | **Treatment**  STUDY  NOTE: Dispensed by \_\_\_\_\_\_\_\_\_\_  NOTE:  **Verification RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  |  | IU Health Pathology Laboratory  **(Cerner or Study Req)** | | |
|  |  | Clinical and Translational Support Laboratory | | |
|  |  | Discharge  **C1D2, D9, and D16:** May discharge @ 24hrs (±4hrs) EOI if VSS and pt asymptomatic.  **C1, D22 & C2+, D1+:** May discharge @ 1hr EOI if VSS and pt asymptomatic. | | |
|  |  | Team Leads | | |