Anticipated Infusion Date____________ ICD 10 Code with Description__________________________________________  Height_____________(cm) Weight_____________(kg) Allergies__________________________________________

Provider Specialty
- ☐ Allergy/Immunology
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Site of Service
  - ☐ SH Gerber
  - ☐ SH Helen DeVos (GR)
- ☐ Treatment intent
  - ☐ Conditioning
  - ☐ Control

- ☐ Infectious Disease
- ☐ Internal Med/Family Practice
- ☐ Nephrology
- ☐ Neurology
- ☐ SH Lemmen Holton (GR)
- ☐ SH Ludington
- ☐ Curative
- ☐ Maintenance

- ☐ OB/GYN
- ☐ Other
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Pulmonary
- ☐ SH Pennock
- ☐ SH Reed City
- ☐ Mobilization
- ☐ Palliative
- ☐ Rheumatology
- ☐ Surgery
- ☐ Urology
- ☐ Wound Care
- ☐ OB/GYN
- ☐ Other
- ☐ Pulmonary
- ☐ SH Pennock
- ☐ SH Reed City
- ☐ Mobilization
- ☐ Palliative

Cycle 1

Day 1

Appoint Request
- ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1
  - Interval: --
  - Occurrences: --

- ONCBCN ADMIT APPOINTMENT REQUEST
  - Interval: --
  - Occurrences: --

Provider Reminder
- ONC PROVIDER REMINDER
  - Interval: Until discontinued
  - Occurrences: --
  - 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: --
  - 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.

CONTINUED ON PAGE 2 →
## Labs

### COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL

| Interval: -- | Occurrences: -- |

### COMPREHENSIVE METABOLIC PANEL

| Interval: -- | Occurrences: -- |

### ONC PROVIDER REMINDER 28

**Interval:** Until discontinued  
**Comments:** This patient does not qualify for pregnancy test based on the following criteria:
1. Female, aged 12 to 60 years
2. 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.**

**Interval:** --  
**Occurrences:** --

**Selection conditions:** Patient could become pregnant

### HCG, QUANTITATIVE

| Interval: -every 4 weeks | Occurrences: -- |

**Selection conditions:** Patient could become pregnant

### Other Labs:

| Interval: -- | Occurrences: -- |

## Nursing Orders

### ONC NURSING COMMUNICATION 9

**Interval:** Until discontinued  
**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  
**Comments:** May Initiate IV Catheter Patency Adult Protocol.
Chemotherapy

☐ methotrexate 50 MG/2ML injection 7.5 mg
  □ Dose: 7.5 mg  Route:  □ Subcutaneous  Once for 1 dose
  □ Dose: 15 mg
  □ Dose 20 mg
  □ Dose: 25 mg

Special Instructions:

Offset: 0 Hours