

# CHEMOTHERAPY ORDERS - Adriamycin and Cytosan (AC) for Breast Cancer - Adult Solid Tumor

Date for chemo: \_\_\_\_\_

**LABS: CBC, DIFF, PLATELETS, CMP or BMP (circle appropriate one).**

**TESTS: MUGA scan or Echocardiogram prior to 1st cycle.**

Weight: \_\_\_\_\_  lbs.  Kg Height: \_\_\_\_\_  inches  cm  
 actual  ideal **BSA** used for calculations: \_\_\_\_\_ m2

For cycle 2 and subsequent cycles, are doses identical to previous cycle?  Yes  No

If no, indicate reason for adjustment: \_\_\_\_\_

Dose reduction: \_\_\_\_\_% Dose increase: \_\_\_\_\_%

**Treat only if:** WBC greater than or equal to 3000 Granulocytes greater than or equal to 1500  
Platelets greater than or equal to 100,000 Ejection Fraction greater than or equal to 50%

**Premedicate** 30 minutes prior to chemotherapy with palonosetron 0.25 mg IV and dexamethasone 20 mg po.

**Cyclophosphamide** \_\_\_\_\_ mg/m2 (usual dose 600 mg/m2) x \_\_\_\_\_ m2= \_\_\_\_\_ mg  
in 100 mL D5W IV over 30 - 60 minutes.

**Doxorubicin** \_\_\_\_\_ mg/m2 (usual dose 60 mg/m2) x \_\_\_\_\_ m2= \_\_\_\_\_ mg IV push

Treat every 21 days

**REASON FOR DOSE ADJUSTMENT:**

MD \_\_\_\_\_ Printed \_\_\_\_\_  
Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Pager #: \_\_\_\_\_

Patient Name: \_\_\_\_\_



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**MR.ORDERS**

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PATIENT LABEL