Palmetto Infusion Services

MRN:_____

Phone: 800-809-1265

Standard Cyclophosphamide Plan of Treatment

(Re)Certification Period From_____to_____

Note: We require MD office notes and may require a letter of Medical Necessity (depending on diagnosis), to be able to verify eligibility and payment for this treatment through patients Medicare and/or other insurance plan.

Patient Name: _____ Weight:_____

Allergies:_____ Height:_____

Primary Diagnosis:_____ Secondary Diagnosis_____

ORDERS:

Premedicate with (Check all that apply): □ None

□ 30 Minutes prior to infusion □ 60 Minutes prior to infusion

□ Prochlorperazine 10 mg PO □ Gransetron 1mg PO

□ Zofran __8mg__16mg or __ 24mg PO □ Dexamethasone 10 mg IV over 10-15 mins

□ Zofran 10mg/50ml NS IV over 15-30 minutes□ Other: _____

Obtain weight every visit. Vital signs: baseline then every 30 minutes during infusion.
Instruct patient and caregiver on medications, signs/symptoms of adverse reaction. Assess patient response to therapy.
Utilize existing central line for administration or initiate peripheral line with each infusion, prn.
Normal Saline Flush 3-10 ml before infusion, after primary drug has infused, Infuse Normal Saline 0.9% or D5W 20-50 ml to flush tubing/line followed by Heparin Lock 1-5ml 100 units/ml as needed per line type.
Check for blood return prior to infusing Cyclophosphamide.
Pump, tubing and supplies needed to complete prescribed therapy.
If adverse drug reaction occurs, Implement the Standing Adverse Reaction Protocol.

Pre-Hydration Orders: Infuse_____ml of Normal Saline over_____hrs Before Cyclophosphamide

Post Hydration Orders: Infuse_____ml of Normal Saline over _____hrs After Cyclophosphamide

DRUG:

Cyclophosphamide _____ mg in _____ml of NS IV to infuse over ____ minutes every ___ months.

Other:_____

(No Stamped Signatures, Please)

Physician's Signature: _____/ _____Date: _____

(Dispense as written) (Substitution permitted)

Print Physician Name:_____

Please fax completed form, along with Demographics and Insurance Information to:

866-872-8920