Palmetto INFUSION

Phone: 800-809-1265

MRN:_____

Standard Mitoxantrone HCL Plan of Treatment

Patient Name: _____Height:_____ Weight:_____

Allergies:_____

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 ☐ Granisetron HCL 1mg PO

☐ Ondansetron HCL __8mg__16mg or __ 24mg PO☐ Dexamethasone 10 mg IV over 10-15 minutes

☐ Ondansetron HCL 10 mg IV over 15-30 minutes ☐ Other: _____

Obtain weight every visit. Vital signs: baseline and every 30 minutes until infusion complete. 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 Mitoxantrone HCL.
Pump, tubing and supplies needed to complete prescribed therapy.
If adverse drug reaction occurs, Implement the Standing Adverse Reaction Protocol.

DRUG:

Mitoxantrone HCL _____ MG IV to infuse over 30 minutes every _____ months.

Labwork:

_____ CBC with Diff, LFT's (OT,PT, Total Bilirubin) 1 week prior to infusion.

_____ CBC With Diff, LFT's (OT, PT, Total Bilirubin) 7-10 days after infusion.

Special Orders:

If client is female and capable of becoming pregnant, has she had a pregnancy test?

☐ Yes: Date and Results_____ ☐ No

Has client had an ECG and ECHO prior to first dose of Mitoxantrone HCL? ☐ Yes ☐ No

If client has had 4(four) doses of Mitoxantrone HCL has a repeat ECG and ECHO been done? ☐ Yes ☐ No

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(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