CYTOTOXIC/BIOTHERAPY WORKSHEET (single cycle)

ADDRESSOGRAPH

Date: _____ **DoseLevel:** _____ **Ht:**_____ **BSA:** _____

Protocol#:_____ **Cycle/Week/Day:**_____ **Wt:** _____ **IBW:** _____

DRUG	PROTOCOL DOSE	DOSE ORDERED	RN'S CALC.	WITHIN 10% 5% (PEDS)	DOSE MODIFIED?	INFUSION RATE/RTE		COMMENT	1ST AND 2ND RN INITIALS	

COMMENTS (dose modifications, protocol exceptions, pertinent labs, e.g. AUC, GFR, etc.):

EQUIPMENT AND MEDS

- ❑ Oxygen
- ❑ Suction set-up
- ❑ Anaphylaxis meds available on unit
- ❑ Pertinent labs reviewed

August 2001