

Research Implementation Office (RIO) Solid Tumor/Non-Transplant Protocol Specific Pre-printed Order Guidelines

The RIO facilitates the review process for all solid tumor/non-transplant protocol specific pre-printed orders. The following document has been created to assist study staff with creating solid tumor (non-transplant) protocol specific preprinted orders.

Protocol specific orders are often created for solid tumor/non-transplant studies involving: a complex chemotherapy regimen, complicated scheduling requirements, or large accrual. Protocol specific orders are not required.

RIO retains a template for the following documents:

- Chemotherapy order
- Supportive Therapy order
- Prescription
- Research Protocol Support Order (RPSO)
- Scheduling Request Order (SRO)

It is always assumed that the Principal Investigator (PI) approved the content of draft orders submitted for review.

Creating a new order:

1. Determine which type of document you need to create:
 - a. **Chemotherapy order**
 - b. **Supportive Therapy order**
 - c. **Prescription**
 - d. **Research Protocol Support order (RPSO)**
 - i. A RPSO is needed for communicating Nursing Care requirements (e.g., Vital Signs, Research Blood Collections, Electrocardiograms) related to the administration of study drugs or study-related medications. The RPSO can be used as a stand alone order for nursing activities associated with oral chemotherapy studies or for studies that have only Nursing Care requirements associated with standard of care. The RPSO can also be used as a supplement for a protocol-specific chemotherapy order to describe nursing care requirements associated with the chemotherapy.
 - e. **Scheduling Request Order (SRO)**
 - i. A SRO is needed to generate an appointment for all chemotherapy and supportive therapy orders, as well as labs and other procedures visits.
2. Request the most current document template from the **RIO**
3. Create draft order(s):

Note: Templates are formatted to fit on order paper. Please do not adjust page set up.

 - a. Save the template as a new order by selecting "**File**" and "**Save As.**"
 - b. **File name:** Order file names always begin with the protocol number, followed by the type of order (Chemo, SRO, Rx for prescriptions, etc.) and then any order specifics (if there are multiple orders of a similar type or for a different time point, e.g. 1234_Chemo_fludarabine.doc, or UW01111_SRO.doc, etc).
 - i. File names should not include spaces or characters (i.e., +, -, parentheses, etc) that may cause the file to become unstable. Use an underscore to separate the protocol number from the file name and in between words within the file name (e.g., 1234_Rx_bortezomib.doc). File names should be as brief as possible while still distinguishing from other protocol file names.
 - c. **Header:** Include the UW/CC/FHCRC protocol number and title
 - d. **Footer:** Update the footer to include the following:
 - i. **Line 1, Page Number:** the template should default to Page 1 of X
 - ii. **Line 2, Footer File name:** The file name in the footer should match the electronic file name described in 3b above.
 - iii. **Line 2, Revision Date:** this date should reflect the date of your current draft order, the final draft, or the latest revision. The date is written in the format: MM-DD-YY

Example: Page 1 of 2
 UW10111_Chemo_Cycles_1_2.doc – 12-08-10
 - e. Review order for **unacceptable abbreviations**;

Note: If you have a question regarding the content of your draft please refer to the solid tumor/non-transplant protocol specific preprinted order contact list and/or contact RIO to request an example of the order type you are working on.

4. Review content of order with PI;
5. Submit draft(s) to the RIO;
6. RIO distributes the draft(s) to the appropriate CTI committee members for review and approval (input is requested within 7 days of distribution);
7. Retain the electronic version of the order circulated for review and approval;
8. Make any requested modifications from reviewers to the version of the draft distributed for review and track changes (from the main menu select: "Tools" and "Track Changes");
If extensive modifications are needed RIO can arrange a meeting for all parties to discuss.
9. Resubmit draft to RIO (review major changes with PI prior to resubmission);
10. When the draft is complete and the content is agreed upon by all involved parties, the RIO circulates PDF copies of the order(s) for **signature approval**.

Note: Signature approval can be either done electronically using the Adobe Stamp Approval process or handwritten on printed copies of the orders – either method is acceptable. The RIO provides instructions for approving a PDF packet of preprinted orders using Adobe Reader or Professional when requesting signature approval from department managers or the study's PI.

- a. Chemotherapy orders, prescription pages, and research protocol support orders are approved by identified CTI Committee members (Infusion, CTU, Pharmacy), in addition to the PI
 - b. All orders are approved by the PI
11. Once approved, the RIO announces the order(s) for use and includes the PI, study coordinator and CTI committee members on the order announcement
 - a. The RIO requests in the announcement that Materials Management send copies of the new orders to study staff for their use (up to 50 copies per order)
 - b. Unless copies of new orders are needed within less than 5 working days, a turn-around-time request will be made for a minimum of 7 days for copies of new orders to be provided to study staff.
 12. Study Staff makes future order requests by contacting the Program Assistant for Materials Management directly, providing the following:
 - a. Name of orders(s) being requested
 - b. Quantity desired (up to 50 copies per order)
 - c. Mail stop location
 - d. Anticipated date when supply is needed

Modifying an approved order:

1. Request the current/approved version of the protocol specific order from RIO;
2. Review content of order with PI;
3. Submit a modified version of the order to RIO including a summary of the changes;
2. RIO distributes the modified order to the appropriate identified CTI committee members for review and approval (input is requested within 7 days);
3. Retain the electronic version of the order circulated for review and approval;
4. Make any requested modifications from reviewers to the version of the draft distributed for review utilizing track changes (from the main menu select: "Tools" and "Track Changes"); If extensive modifications are needed RIO can arrange a meeting for all parties to discuss.
5. Resubmit modified order to RIO;
6. When the draft is complete and the content is agreed upon by all involved parties, the RIO circulates PDF copies of the order(s) for **signature approval**.
Note: Minor editorial changes to orders do not require Committee member approval
 - a. Chemotherapy Orders, prescription pages, and research protocol support orders are approved by identified CTI committee members (Infusion, CTU, Pharmacy), in addition to the PI
 - b. All orders are approved by the PI
7. Once approved, the RIO announces the order(s) for use and includes the PI, study coordinator and CTI committee members on the order announcement
 - a. The RIO requests in the announcement that Materials Management send copies of the new orders to study staff for their use (up to 50 copies per order)
 - b. Unless copies of revised orders are needed within less than 5 working days, a turn-around-time request will be made for a minimum of 7 days for copies of revised orders to be provided to study staff.
8. Study Staff makes future order requests by contacting the Program Assistant for Materials Management directly, providing the following:
 - a. Name of orders(s) being requested
 - b. Quantity desired (up to 50 copies per order)
 - c. Mail stop location
 - d. Anticipated date when supply is needed

Archiving Orders:

1. The FHCRC Protocol Office sends emails announcing the closure of protocols; this is the trigger to archive all associated orders with a closed protocol.
2. Prior to archiving the orders, email the PI and Study Coordinator informing them that they have been made aware that their protocol has been closed and that the RIO will be archiving the orders that support their protocol in one week's time unless they hear that the study needs copies of the orders. Include in the email a statement indicating to the PI/Study Coordinator to contact the RIO if they have specific order needs before their orders are officially archived.
3. If copies of orders are needed by the study coordinator and PI, work with the Program Assistant in Materials Management to ensure that sufficient copies of the identified orders are provided to study staff.
4. After the deadline for responding to the announcement email has passed, or communication is received from study staff indicating that the orders can be archived, move the active electronic orders to the Archive folder.
5. Email the PI/Study Coordinator informing them that the RIO has archived the orders that support their protocol at this time.

Contact information:

Chemotherapy & Supportive Therapy order content questions:

- Maribel Bernabeu-Lloyd, Infusion Services at 288-1248 or mbernabe@seattlecca.org
- Phuong Tran, Clinical Trials Unit at 667-2111 or ptran@seattlecca.org
- Sharol Bohl, Infusion Services at 288-1256 or sbohl@seattlecca.org (back up for Infusion)

Prescription orders and all drug related questions:

- Sheree Miller, IDS Pharmacy at 598-6054 or idssam@u.washington.edu
- Juliana Huang, IDS Pharmacy at 288-1375 or jhuang2@seattlecca.org
- Marcia Frey, IDS Pharmacy at 288-1382 or mfrey@seattlecca.org (back-up)

Research Protocol Support Order (RPSO) content questions:

- Maribel Bernabeu-Lloyd, Infusion Services at 288-1248 or mbernabe@seattlecca.org
- Phuong Tran, Clinical Trials Unit at 667-2111 or ptran@seattlecca.org
- Sharol Bohl, Infusion Services at 288-1256 or sbohl@seattlecca.org (back up for Infusion)

Scheduling Requisition Order (SRO):

- David Hutchison, 4th floor (Gen Onc/Hem) scheduling questions at 288-6390 or dhutchis@seattlecca.org
- Lynn Maleta, 3rd and 4th floor (Gen Onc/Hem & Women's Center) nursing questions at 288-6372 or lmaleta@seattlecca.org
- Lisa Dunnwald, (Radiology Nuclear Medicine) imaging questions at 288-2009 or ldunnwal@u.washington.edu
- Paul Helmuth, Alliance Lab and blood draw related questions at 288-1070 or phelmuth@seattlecca.org

For all other questions or concerns contact the **RIO**:

- Kelli Cline at 288-7025 or kcline@seattlecca.org (primary)
- Gina Roper at 288-6607 or groper@seattlecca.org (back-up)
- Steve Johnson at 288-1287 or sjohnson@seattlecca.org

Insert Protocol #, Title and PI Name in page header.

Insert Protocol #, Title, PI

Day 1 to be administered on specified day <input type="checkbox"/>	Day 1 of this order:	Patient diagnosis:	Reference citation: N/A
Day 1 to be administered \pm 24 hours <input type="checkbox"/>			
Day 1 to be administered within _____ days			
Regimen Name:		Cycle #	<input type="checkbox"/> Central Line <input type="checkbox"/> Peripheral Line
Actual Weight: kg	Ideal Weight: kg	Adjusted Weight: kg	Height: cm Body Surface Area: m²

CHEMOTHERAPY ORDERS: For each drug ordered below, fill in all boxes on the corresponding line or indicate n/a if not applicable.

Chemotherapy Drug	Rec. Dose	BSA / kg	Dose to be given	ROUTE	RATE	FREQUENCY OR DAY #	# OF DOSES
<div style="border: 1px solid black; background-color: yellow; padding: 2px; margin-top: 5px;">Specify if drug is "from IDS supply" and the order of drug administration, if more than 1 drug</div>					<input type="checkbox"/> Rx Std <input type="checkbox"/> Rx Std <input type="checkbox"/> Rx Std		
			<div style="border: 1px solid black; background-color: yellow; padding: 2px; margin-top: 5px;">Specify which arm a patient is randomized to receive.</div>				<div style="border: 1px solid black; background-color: yellow; padding: 2px; margin-top: 5px;">Record N/A in any weight field not required to calculate drug dose</div>

[X] See Research Protocol Support Order for additional nursing care requirements

PARAMETER(s) on day of administration	INSTRUCTIONS (Check all that apply)	
<div style="border: 1px solid black; background-color: yellow; padding: 2px; margin-top: 5px;">Indicate if a Research Protocol Support Order will be used along with this order.</div>	<input type="checkbox"/> Call Case Manager <input type="checkbox"/> Call Provider <input type="checkbox"/> Call either	<input type="checkbox"/> HOLD
	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; background-color: yellow; padding: 2px; margin-top: 5px;">Note if there are other parameters such as BP or weight.</div>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; background-color: yellow; padding: 2px; margin-top: 5px;">Include contact information</div>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparer Signature (MD/PA-C/ARNP): Date: _____ Time: _____	Attending MD Signature (required <u>prior</u> to order submission IF prescriber is not an attending level MD): Date: _____ Time: _____	
2nd Attending MD Signature (required for non-standard dose when no resource document is available) Date: _____ Time: _____	Pharmacist Review Signature (required prior to forwarding to Pharmacy for verification & dispensing) Date: _____ Time: _____	
Two RNs must verify dose of chemotherapy prior to administration of initial dose	Two RPh's must verify the dose of chemotherapy prior to dispensing initial dose	
1.	1.	
2.	2.	

CHEMOTHERAPY ORDERS

Insert Protocol #, Title, PI

PRE MEDS:

- Dexamethasone ____mg PO/IV 30 minutes before chemo **usual range = 4 - 20 mg**
- Acetaminophen 650 mg PO 30 minute before chemo
- Diphenhydramine ____mg PO/IV 20 minutes before chemo **usual range = 12.5 - 50 mg**
- Ranitidine 150 mg PO 30 minutes before chemo
- Ranitidine 50 mg IV over 15-30 minutes before chemo
- Other _____
- Other _____

Emetogenicity	MINIMAL	<input type="checkbox"/> No antiemetic premedication required
	LOW	<input type="checkbox"/> Prochlorperazine 10 mg PO X 1
		<input type="checkbox"/> Lorazepam ____mg PO X 1 usual range 1-2 mg
	MODERATE	<input type="checkbox"/> Ondansetron 16 mg PO DAILY 20-30 minutes pre-chemotherapy
		OR
PLUS		<input type="checkbox"/> Dexamethasone ____mg PO/IV X 1 pre-chemotherapy usual range = 4 - 20 mg <input type="checkbox"/> Lorazepam ____mg PO/IV X 1 pre-chemotherapy usual range = 1 - 2 mg
HIGH-VERY HIGH	<input type="checkbox"/> Palonosetron 0.25mg IVP daily 20-30 minutes X 1 pre-chemotherapy PLUS <input type="checkbox"/> Dexamethasone 10mg PO/IV DAILY 20-30 minutes X 1 pre-chemotherapy usual range = 4 - 20 mg <input type="checkbox"/> Lorazepam 1 mg PO X 1 usual range = 1 - 2 mg	

AS NEEDED: for nausea and/or vomiting

- Prochlorperazine 10 mg PO/IV Q 4 hours PRN
- Lorazepam 0.5-2 mg PO/IV Q 4 hours PRN
- Diphenhydramine 25-50 mg PO/IV Q 4 hours PRN
- Metoclopramide 10 mg PO/IV Q 6 hours PRN

HYPERSENSITIVITY REACTIONS:

For chemotherapy-related hypersensitivity reactions, institute "SCCA Protocol for Management of Hypersensitivity-Type Reactions in Adult General Oncology Patients"
 Do not institute the SCCA Hypersensitivity Protocol

OTHERS:

- _____
- _____

- HYDRATION** **HYDRATION NOT REQUIRED**

SOLUTION	VOLUME	ADDITIVES	RATE	DURATION	INSTRUCTIONS

Specify if hydration is required

Prescriber Signature (M) _____ Date: _____ Time: _____	NPI # / Code: _____
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Insert Protocol #, Title and PI Name in page header.

[Insert Protocol #, Title, PI]

Date of Order:	Time of Order:	Cycle #:	Day #:
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NURSING CARE: *(including monitoring and/or observation as required by protocol)*

Vital signs (temperature, heart rate, blood pressure, and respiratory rate)
 Document collection times in ORCA
 Orthostatic (blood pressure and pulse)
 Indicate time point(s) required:

Research blood collection
 Research staff to provide blood collection kits
 Draw blood samples from opposite site of infusion per standard practice
 Draw blood samples from same site of infusion per standard practice
 Document collection times in ORCA
 Indicate collection time point(s) required:

Electrocardiogram(s):
 To be performed by: Research staff Infusion staff
 Document ECG time(s) in ORCA
 Indicate time point(s) required:

- Specify what nursing care is required
- Indicate specific time points required in bulleted lists
- Sections not required can be deleted from the draft order.

OTHER: Include other nursing care items under Other, along with protocol-specific details

Contact Information:

PI Name:	PI Contact Number:
Research staff name:	Research staff contact number:

PHYSICIAN SIGNATURE:	ORDERING/ATTENDING PRINTED NAME:	NPI CODE:	DATE:	TIME:
REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED

RESEARCH PROTOCOL SUPPORT ORDER

Insert Protocol #, title and PI Name in page header.

DATE OF ORDER: _____ TIME OF ORDER: _____

SUPPORTIVE CARE/OTHER THERAPIES RELATED TO CHEMOTHERAPY

Check Box	Drug	Dose	Route	Frequency	# of Doses	Notes
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Specify if drug is from IDS supply.

Prescriber Signature (MD/PA-C/ARNP):

WHITE – CHART
 YELLOW – PHARMACY
 PINK – NURSING

Insert **Protocol #, title and PI Name** in page header.

ADULT PRESCRIPTION PAGE:

OUTPATIENT PRESCRIPTION ORDER

Page 1 of 1

RX INDICATE WHICH MEDICATIONS TO FILL BY CHECKING BOX TO LEFT OF DRUG NAME

[]

Dispense: # REFILLS: 0 1 2 3

[]

Dispense: # REFILLS: 0 1 2 3

Specify if drug is from IDS supply.

DATE	NPI # / Code	CLINIC
PRINT PRESCRIBER NAME HERE		DEA NO
PRESCRIBER SIGNATURE (substitution permitted)		PRESCRIBER SIGNATURE (dispense as written)

IMPRINT BELOW THIS LINE

PT NO

NAME

DOB

ALLERGIES: [] NKDA

SEATTLE CANCER CARE ALLIANCE
825 Eastlake Avenue East
Seattle, WA 98109
(206) 288-6500

(insert protocol #)_Rx_(insert order details, if applicable).doc MM-DD-YY

Insert Protocol #, Title and PI Name in page header.

Include diagnosis and ICD-9 code

[Insert Protocol Number, Title and PI Name]

DATE _____ Appt Time: _____
 Service: _____ Attn/Fellow: _____ CNC: _____

Medical Necessity/Signs/Symptoms:				ICD-9:	
APPT Day Week Month	RET Attng/ Fellow <i>(initials)</i>	Access <input type="checkbox"/> Port <input type="checkbox"/> Hick/PICC <input type="checkbox"/> Peripheral	Site <input type="checkbox"/> SCCA <input type="checkbox"/> UWMC	Infusion Appt <small>(Name of Agent and Duration of Appt or Infusion Visit Type #)</small>	PROCEDURES/COMMENTS
				[X] First Dose VT#123456	Update with Name of Drug, if applicable
				[] First Dose VT#	
				[] First Dose VT#	
				[] First Dose VT#	
Additional Scheduling Comments:					
Include study staff contact information					
[] Social Work Consult (state reason):					
[] Nutrition Consult (state reason):					
Contact Information:					
Research Staff Name:			Research Staff Contact Number:		

PHYSICIAN SIGNATURE:	ORDERING/ATTENDING PRINTED NAME:	NPI CODE:	DATE:	TIME:
REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED

Include protocol number and type of order in electronic file name (the same name as the footer)

The screenshot shows a Microsoft Word document titled "6107_Chemo_example.doc". The document is a chemotherapy order form. It contains the following sections:

- Drug Information:** Paclitaxel (200 mg/m², IVq, Over 3 hours, Day 1q, 1q) and Carboplatin (AUC=60, IVq, Over 30 minutes, Day 1q, 1q).
- Instructions:** "Please give Paclitaxel first", "[X] Vital Signs", "[] PKs", "[] EKGs pre protocol", and "See Research Protocol Support Order".
- PARAMETER(s) on day of administration:** A table with columns for "PARAMETER(s)", "INSTRUCTIONS (Check all that apply)", and "HOLD".
- Signatures:** Fields for "Prepares Signature (MD/PA/CABRN)", "Attending MD Signature", "Pharmacist Review Signature", and "Two RNs must verify dose of chemotherapy prior to administration of initial dose".
- Footer:** "CHEMOTHERAPY ORDERS" and "6107_Chemo.doc --05-18-11".

The protocol number and type of order in the order footer should match the electronic file name

FH 2501: An open-label, multicenter, phase I trial of the safety and pharmacokinetics of escalating doses of DCDS4501A in patients with relapsed or refractory B-cell non-Hodgkin's lymphoma (NHL) and chronic lymphocytic leukemia (CLL).

Genentech, Inc. / Protocol DCS4968g

PI: Oliver Press MD PhD

Date of Order:	Day 1 of this order:	Patient diagnosis:	Cohort:
Regimen Name: DCDS4501A		Cycle #	<input type="checkbox"/> Central Line <input type="checkbox"/> Peripheral Line
Actual Weight: (rounded to next kg, NOT tenth of kg) kg	Ideal Weight: kg	Adjusted Weight: kg	Height: cm
			Body Surface Area: m ²

CHEMOTHERAPY ORDERS: For each drug ordered below, fill in all boxes on the corresponding line or indicate n/a if not applicable.

Chemotherapy Drug	Rec. Dose	mg / kg	Dose to be given (rounded to nearest mg, NOT tenth of mg.)	ROUTE	RATE	FREQUENCY OR DAY #	# OF DOSES
DCDS4501A (IDS Supply)				IV		Every 21 days	4

Cycle 1: Study drug + flush to be infused over 90 min using peripheral IV line, NOT port.

Subsequent cycles: Study drug + flush to be infused over 30 min. using peripheral IV line, NOT port.

See Research Protocol Support Order for additional nursing care requirements

PARAMETER(s) on day of administration HOLD for ANC<0.5-OR-platelets <25.0	INSTRUCTIONS (Check all that apply) Call Provider Corinna Palanca-Wessels pgr 540-9508 or Oliver Press pgr 540-4207
Preparer Signature (MD/PA-C/ARNP): Date: Time:	Attending MD Signature (required <u>prior</u> to order submission IF prescriber is not an attending level MD): Date: Time:
2nd Attending MD Signature (required for non-standard dose when no resource document is available) Date: Time:	Pharmacist Review Signature (required prior to forwarding to Pharmacy for verification & dispensing) Date: Time:
Two RNs must verify dose of chemotherapy prior to administration of initial dose	Two RPh's must verify the dose of chemotherapy prior to dispensing initial dose
1.	1.
2.	2.

PRE MEDS: CYCLE 1: NO PREMEDS GIVEN. For subsequent cycles premeds may be used if IRR occurred with first infusion.

- Dexamethasone _____mg PO/IV 30 minutes before infusion *usual range = 4 - 20 mg*
- Acetaminophen _____ mg PO 30 minute before infusion *usual ranges = 650 – 1000 mg*
- Diphenhydramine _____mg PO/IV 20 minutes before infusion *usual range = 12.5 - 100 mg*
- Ranitidine 150 mg PO 30 minutes before chemo
- Ranitidine 50 mg IV over 15-30 minutes before chemo
- Other _____

Emetogenicity	MINIMAL	<input checked="" type="checkbox"/> No antiemetic premedication required
	LOW	<input type="checkbox"/> Prochlorperazine 10 mg PO X 1 <input type="checkbox"/> Lorazepam _____mg PO X 1 <i>usual range 1-2 mg</i>
	MODERATE	<input type="checkbox"/> Ondansetron 16 mg PO DAILY 20-30 minutes pre-chemotherapy OR <input type="checkbox"/> Ondansetron 8 mg IV DAILY 20-30 minutes pre-chemotherapy
		PLUS <input type="checkbox"/> Dexamethasone ____mg PO/IV X 1 pre-chemotherapy <i>usual range = 4 - 20 mg</i> <input type="checkbox"/> Lorazepam _____ mg PO/IV X 1 pre-chemotherapy <i>usual range = 1 - 2 mg</i>
HIGH-VERY HIGH	<input type="checkbox"/> Palonosetron 0.25mg IVP daily 20-30 minutes X 1 pre-chemotherapy PLUS <input type="checkbox"/> Dexamethasone 10mg PO/IV DAILY 20-30 minutes X 1 pre-chemotherapy <i>usual range = 4 - 20 mg</i> <input type="checkbox"/> Lorazepam 1 mg PO X 1 <i>usual range = 1 - 2 mg</i>	

AS NEEDED: for infusion related reaction <input checked="" type="checkbox"/> Acetaminophen 650 - 1000 mg PO <input checked="" type="checkbox"/> Diphenhydramine _____ mg PO/IV (12.5-100 mg)

OTHERS:

HYDRATION **HYDRATION NOT REQUIRED**

SOLUTION	VOLUME	ADDITIVES	RATE	DURATION	INSTRUCTIONS

Prescriber Signature (MD/PA-C/ARNP): Date: _____ Time: _____	Prescriber #: _____
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FH 2501: An open- label, multicenter, phase I trial of the safety and pharmacokinetics of escalating doses of DCDS4501A in patients with relapsed or refractory B-cell non- Hodgkin's lymphoma (NHL) and chronic lymphocytic leukemia (CLL).

Genentech, Inc. / Protocol DCS4968g

PI: Oliver Press MD, PhD

Date of Order:	Time of Order:	Cycle #:	Day #:
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NURSING CARE: *(including monitoring and/or observation as required by protocol)*

Vital signs (temperature, heart rate, blood pressure, and respiratory rate)
 Document collection times in ORCA
 Time point(s):

- Pre-infusion
- every 15 minutes during infusion
- end of infusion
- then every 30 minutes during observation period

Research blood collection

- Research staff to provide blood collection kits.
 Research staff will also collect sample to go to Digel Lab.
 Please call Linda Parker @ 667-6291/ or page @ 540-0843
- Draw PK blood samples from different site than infusion
- Document collection times in ORCA
- As close to EKG as possible
- C 1-2: 30 min (± 15 min) post infusion; 4 hrs (± 15 min) post infusion
- C 3-8: 30 min (± 15 min) post infusion

Electrocardiogram(s):
 To be performed by: Research staff Infusion staff
 -30-60 min. post-infusion
 -AS CLOSE AS POSSIBLE to PK collection (no more than 30 min apart).

OTHER:

Study drug to be administered via peripheral IV NOT port. Port can be used for study related blood draws. If patient does not have a port, a separate IV or venipuncture should be used for collection from what was used for infusion.

Observation:
 -C1: 90 min. post infusion
 -C2-8: 30 min. post infusion

Contact Information: Corinna Palanca-Wessels 667-7035 / pgr 540-9508 (preferred before Dr. Press)

PI Name: Oliver Press, MD, PhD PI Contact Number: 667-1872
 Research staff name: Linda Parker Research staff contact number: 667-6291/pgr 540-0843

PHYSICIAN SIGNATURE:	ORDERING/ATTENDING PRINTED NAME:	NPI CODE:	DATE:	TIME:
REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED

Unacceptable Abbreviation List

Do not use	Acceptable
u or U	Always spell out “ units ”
IU	Always spell out “ international units ”
Q.D.	Always spell out “ daily ”
Q.O.D.	Always spell out “ every other day ”
Ms Ms04	Always spell out “ morphine sulphate ”
MgS04	Always spell out “ magnesium sulphate ”
X.O mg	Never write zero after a decimal point
.X mg	Always use a zero before a decimal point
MTX	Always spell out drug names
Epi	Always spell out drug names
ug	Always write “ mcg ”