### DOCTOR’S ORDERS

Ht__________cm  Wt__________kg  BSA ___________ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
<th>To be given:</th>
<th>Cycle (s) #:</th>
</tr>
</thead>
</table>

- Delay treatment ______ week(s)
- Dose modification for:  
  - [ ] Dermatologic toxicity
  - [ ] Other Toxicity

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm ___________________________

- [ ] magnesium sulfate 2 g in 50 mL NS over 30 minutes for hypomagnesemia
- [ ] magnesium sulfate 5 g in 100 mL NS over 3 hours for hypomagnesemia

** Have Hypersensitivity Reaction Tray and Protocol Available**

### TREATMENT:

- [ ] Repeat in two weeks

**PANitumumab 6 mg/kg x ______ kg = ________ mg**

- [ ] Dose Modification: 4.5 mg/kg OR 3 mg/kg (circle one) x _____ kg = _________mg
  - IV in 100 mL NS over 1 hour. Use 0.22 micron in-line filter.

If tolerated, administer over 30 minutes in subsequent cycles. For **PANitumumab doses greater than 1000 mg**, use 150 mL NS and infuse over 1 hour 30 min each cycle.

### RETURN APPOINTMENT ORDERS

- [ ] Return in **two** weeks for Doctor and Cycle ________.
- [ ] Return in **four** weeks for Doctor and Cycle ________.

**Sodium, potassium, magnesium and calcium** prior to each cycle

- [ ] CEA
- [ ] CA 19-9

- [ ] Other tests:
- [ ] Weekly Nursing Assessment for rash:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**