



OUTPATIENT CHEMOTHERAPY SUPPORTIVE CARE ORDERS:

Name: _____ DOB _____

Height: _____ Weight: _____ (kg) BSA: _____ Allergies: _____

_____ Assign as Outpatient Diagnosis: _____

Lab Results:

HgB _____ (date: _____) Ferritin _____ (date: _____) Iron Sat % _____ (date: _____)

ANC _____ (date: _____)

√	Chemotherapy Supportive Care Orders	
	Filgrastim –SNDZ (Zarxio) _____ mcg subq daily _____ days Starting _____	D70.1 + Z79.899 + Z79.891
	Epoetin Alfa-epbx (Retacrit) _____ units IV x 1 dose every _____ if HgB 9.9 or less. If no IV access, give subcutaneously. Q5106	D64.81+ Z79.899 + Z79.891
	Darbepoetin Alfa (Aranesp) _____ mcg IV x 1 dose every _____ if HgB 9.9 or less. If no IV access, give subcutaneously. J0881	D64.81 + Z79.899 + Z79.891

Physician Signature: _____ Date/Time: _____

