

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: PHARMACY DEPARTMENT – CHEMOTHERAPY ORDERS		Original Issue Date: 12/1/17	Policy # 945
		Supersedes: 12/1/17	Effective Date: 11/16/20
Policy Owner(s): Director of Pharmacy Services Executive Sponsor(s): Chief Medical Officer			
Departments Consulted: P&T Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

PURPOSE

This policy establishes procedures for submission of chemotherapy orders in a standardized, complete, and appraisable format.

POLICY

A. Ordering Parenteral Chemotherapy

1. For adult patients, parenteral chemotherapy orders must be written in black ink on a preprinted chemotherapy order form. Parenteral chemotherapy orders must be written or cosigned by a fellow or attending physician specializing in hematology or oncology.
2. Verbal orders must not be used for parenteral chemotherapy.
3. Parenteral chemotherapy orders must include the following:
 - a. Diagnosis
 - b. Generic medication name
 - c. Dose calculation (e.g. mg/m², mg/kg, AUC, or fixed)
 - d. Final dose
 - e. Route of administration
 - f. Schedule
 - g. Total dose per cycle
 - h. When the dose calculation requires BSA, the parenteral chemotherapy order must include current and accurate height, weight, and BSA
 - i. When the dose calculation does not require BSA, the parenteral chemotherapy order must include current and accurate weight

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j. For research protocols, the Research Protocol File Number must be written on the parenteral chemotherapy order

4. Medication orders without a checkbox or with a pre-checked checkbox that the physician does not want ordered must be lined out and initialed.
5. The completed preprinted chemotherapy order form must be maintained in the patient chart and scanned into the Orchid EHR when feasible.

B. Ordering Oral Chemotherapy

1. For adult patients, oral chemotherapy orders must be written on a preprinted chemotherapy order form or entered directly into the Orchid EHR.
2. Verbal orders must not be used for oral chemotherapy.
3. The completed preprinted chemotherapy order form must be maintained in the patient chart and scanned into the Orchid EHR when feasible.

C. Maintaining Preprinted Chemotherapy Order Forms

1. Physicians, pharmacists, and nurses will collaborate to develop preprinted chemotherapy order forms.
2. These forms will address only evidence-based, widely accepted, and standard chemotherapy regimens.
3. All preprinted chemotherapy order forms will be approved by the Director of Hematology or the Director of Oncology, by a pharmacy representative trained in the use of chemotherapy, and by the Pharmacy & Therapeutics Committee.
4. Approved preprinted chemotherapy order forms will be published on the Los Angeles General Medical Center Intranet.
5. The Pharmacy & Therapeutics Committee will review all preprinted chemotherapy order forms at least every three years.

DEFINITIONS

- BSA: body surface area
- Chemotherapy: medication treatment intended to stop or slow the growth of malignant cells
- EHR: electronic health record

RESPONSIBILITY

Pharmacy Department

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REFERENCES

American Society of Clinical Oncology (ASCO)/Oncology Nursing Society (ONS) Chemotherapy Administration Safety Standards, including Standards for Pediatric Oncology, 2016

Institute for Safe Medication Practice (ISMP) International Medication Safety Self-Assessment for Oncology, 2012

REVISION DATES

November 16, 2020