

# LAC+USC MEDICAL CENTER POLICY

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|--|---|--|-----------------------------|
| Subject:<br><b>PHARMACY DEPARTMENT – CHEMOTHERAPY ORDERS</b> |   | Original Issue Date:<br>12/1/17                                  | Policy #<br><b>945</b>      |
|  |   | Supersedes:<br>12/1/17   | Effective Date:<br>11/16/20 |
| Departments Consulted:<br>P&T Committee                      | Reviewed & Approved by:<br>Attending Staff Association<br>Executive Committee<br>Senior Executive Council | Approved by:<br><br>(Signature on File)<br>Chief Medical Officer |                             |
|  |   | (Signature on File)<br>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 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.
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/m<sup>2</sup>, mg/kg, AUC: Area Under the Curve, 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
  - j. For research protocols, the Research Protocol File Number must be written on the parenteral chemotherapy order

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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 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 or equivalent Medical Director or designee, 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 LAC+USC 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

**REFERENCES**

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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