



Fax: _____ Phone: _____

Name _____

DOB _____ ID# _____

Weight _____ Date _____

Cyclophosphamide (CYTOXAN)

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

Cyclophosphamide (CYTOXAN) in 0.9% Sodium Chloride 250 mL IV

Dose: _____ mg (rounded to the nearest 100 mg)

Dose: _____ mg (rounded to the nearest 100 mg) = _____ mg/kg x weight (kg)

Dose: _____ mg (rounded to the nearest 100 mg) = _____ mg/m² x BSA

IV over 60 minutes every _____ weeks for 6 months

0.9% Sodium Chloride IV PRIOR to each Cyclophosphamide infuse over 60 minutes

Dose: (circle one) 250 mL 500 mL 1,000 mL other _____

0.9% Sodium Chloride IV (Post-Hydration) AFTER each Cyclophosphamide infuse over 60 minutes

Dose: (circle one) 250 mL 500 mL 1,000 mL other _____

In 0.9% Sodium Chloride 50 mL IV over 15 minutes

Outpatient Medications

Infusion Medication

Cyclophosphamide (CYTOXAN) in 0.9% Sodium Chloride 250 mL IV

Pre-Meds

- Ondansetron (ZOFTRAN) tablet : 16 mg PO, Once, 30 minutes prior to Cyclophosphamide Infusion
- Dexamethasone (DECADRON) tablet : 8 mg PO, Once, 30 minutes prior to Cyclophosphamide Infusion
- Other: _____

Labs

Additional Orders

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____