

**PEDIATRIC PATIENT CHEMOTHERAPY RECORD  
(PER DRUG PER ADMISSION)**

PATIENT NAME: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_ MRN: \_\_\_\_\_ DATE: \_\_\_\_\_

HT: \_\_\_\_\_ cm WT: \_\_\_\_\_ kg BSA: \_\_\_\_\_ (sq m) DATE OF BIRTH \_\_\_\_\_

ATTENDING: \_\_\_\_\_ SIGNED ORDER: " DATE/TIME: "

PROTOCOL / REGIMEN # \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_



\*\*\* AFFIX DUPLICATE MEDICATION LABEL ON REVERSE SIDE OF THIS FORM \*\*\*

Medication	Weight Based Dose (ie. mg/kg or mg/m <sup>2</sup> )	Dose	Diluent	Total Volume

<b>ORDER ENTRY PHARMACIST</b>	<b>OPERATIONS PHARMACIST/TECHNICIAN</b>	<b>DELIVERY</b>
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DATE	DOSE X OF DOSES	SCHEDULED TIME OF ADMIN	DP RPH	VERIFYING RPH	TIME OF PREP	AUTOMIX VERIFIED	DILUENT LOT #	EXP DATE	MED LOT #	EXP DATE	PREP TECH OR RPH	RECEIVING RPH	TIME OF RECEIPT