

PROCRITline™ call (800) 553-3851

Monday–Friday 9:00 AM–8:00 PM E.T. Fax: (800) 987-5572

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Oncology Toolkit

Chemotherapy Treatment Notes/Flow Sheet

The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Centocor Ortho Biotech Inc. concerning levels of reimbursement, payment, or charge. We strongly suggest that you consult your payor organization with regard to local reimbursement policies.

Chemotherapy Treatment Notes

Patient Name: _____ **Pt. Acct #** _____ **M.D.** _____

Date: ___/___/___ Pre Rx Laboratories Checked Redness, Swelling or Discomfort at site
 Yes(explain below) No

IV Administration: Peripheral Port Hickman Groshong PICC
 Other _____

Blood Return: Present Not Present (explain below) Left Right
 Port Flushed per Protocol _____

Butterfly Cannula Huber/Gripper Needle Site _____ Dorsal Plantar

Drug or Treatment	Dose	Reconstituted	IV Solution	Solution Size	Route	Time On	Time Off	Notes
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			

				1000				
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			

Notes:

M.D. On Site

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Plantar

Drug or Treatment	Dose	Reconstituted	IV Solution	Solution Size	Route	Time On	Time Off	Notes
		With _____ _____ Amt. _____		50 / 100 150 / 250	PO IM IVP IV IA PUMP			

				500 / 1000	INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			
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		With _____ _____ Amt. _____		50 / 100 150 / 250 500 / 1000	PO IM IVP IV IA PUMP INTRA			

Notes:

M.D. On Site

Important Safety Information

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION OR RECURRENCE

Renal failure: Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.

Cancer:

- ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers (see WARNINGS: Table 1).
- To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.
- Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.
- ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.
- Discontinue following the completion of a chemotherapy course.

Perisurgery: PROCRT® (Epoetin alfa) increased the rate of deep venous thromboses in patients not receiving prophylactic anticoagulation. Consider deep venous thrombosis prophylaxis.

(See WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events, WARNINGS: Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence, INDICATIONS AND USAGE, and DOSAGE AND ADMINISTRATION.)

[Please see full Prescribing Information, including Boxed WARNINGS for PROCRT® \(Epoetin alfa\)](#)

[Medication Guide for PROCRT](#)

Please read the Medication Guide for PROCRT and discuss with your doctor.

[Patient Instructions for Use](#)

Instructions if you or your caregiver has been trained to give PROCRT injections at home.

Boxed WARNINGS: LEUSTATIN® (cladribine) Injection

- LEUSTATIN (cladribine) Injection should be administered under the supervision of a qualified physician experienced in the use of antineoplastic therapy. Suppression of bone marrow function should be anticipated. This is usually reversible and appears to be dose dependent. Serious neurological toxicity (including irreversible paraparesis and quadraparesis) has been reported in patients who received LEUSTATIN Injection by continuous infusion at high doses (4 to 9 times the recommended dose for Hairy Cell Leukemia). Neurologic toxicity appears to demonstrate a dose relationship; however, severe neurological toxicity has been reported rarely following treatment with standard cladribine dosing regimens.
- Acute nephrotoxicity has been observed with high doses of LEUSTATIN (4 to 9 times the recommended dose for Hairy Cell Leukemia), especially when given concomitantly with other nephrotoxic agents/therapies.

[Please see full Prescribing Information, including Boxed WARNINGS for LEUSTATIN® \(cladribine\)](#)

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