

**Order Modification for Continuous Ambulatory Chemotherapy Infusion**

**Prescribed Dose from Provider Order:**

Continuous Infusion Chemotherapy Medication per CADD Pump	mg/hour(s)		Total Hours of Treatment	mg (Total Infusion)
<input type="checkbox"/> Fluorouracil	mg	hour(s)		
<input type="checkbox"/> _____	mg	hour(s)		

**Dose Mixed and Dispensed by Pharmacy Per Pharmacy & Therapeutics Committee:**

Continuous Infusion Chemotherapy Medication per CADD Pump	Concentration of Medication	Total Hours of Treatment	mL/hour *	Total Infusion	
				mg	ml
<input type="checkbox"/> Fluorouracil	50mg/mL				
<input type="checkbox"/> Fluorouracil					
<input type="checkbox"/> _____					

\*Dose is rounded to the capabilities of the CADD pump

<b>Variance in Dose between prescribed dose and dose mixed and dispensed by pharmacy:</b>	%
---	---

Note: All Fluorouracil continuous infusion bags contain a small amount of overfill in order to prime the bag. If a bag is returned with more than a few mL in the reservoir, please contact Pharmacy.

	Print Name	Signature	Date	Time
<b>Pharmacist</b>				
<b>Pharmacist</b>				
<b>Provider*</b>				
<b>Nurse</b>				
<b>Nurse</b>				

\*Signature is only required if there is a ±5% difference in prescribed dose.

Pharmacy and Therapeutics Committee has approved this as a Category III Substitution by a pharmacist as of 6/25/2014. This category allows the pharmacist to substitute but requires notification of the interchange to the practitioner. The practitioner must sign the form if there is a ±5% difference in prescribed dose.

