



6804

Mitomycin HIPEC Order Form

Level of Care: In-patient Same-day Out-patient

Start Date of This Order: ____/____/____

Diagnosis: Peritoneal Carcinomatosis

Regimen/Reference: Ann Surg Oncol. 2014; 21:1501-05

Allergies: _____

Labs: Date drawn _____
 HCT: _____ WBC: _____ PLT: _____
 BUN: _____ CREAT: _____ Other: _____

Give Treatment: (check one)
 If lab work meets the following parameters:

Based on / Despite reviewed lab work of:
 ____/____/____ (list lab results if different than above)

Lab work not applicable

Drug Regimen: Drug, Dose/m² or kg, Route, Schedule, and Duration

Cycle # _____ Date last given: ____/____/____

1. **Mitomycin 30 mg syringe in 15ml (2mg/ml) via intraperitoneal (IP) injection**

2. **Mitomycin 10 mg syringe in 5ml (2mg/ml) via intraperitoneal (IP) injection**

3. _____

4. _____

5. _____

Dose Adjusted? **Percent Adjusted:**

Yes _____ % (reduction)
 No

Rationale for Adjustment: _____

Signature	Date	Time
MD _____	____/____/____	____:____
RN #1 _____	____/____/____	____:____
RN #2 _____	____/____/____	____:____
R.Ph. #1 _____	____/____/____	____:____

PRN & PREMEDICATIONS:

HYDRATION ORDERS: (PRE CHEMO, DURING, AND POST CHEMO FLUIDS)

1. Mitomycin	30mg	IP
FREQUENCY:	Once	

INSTRUCTIONS:
Administer at time zero

2. Mitomycin	10mg	IP
FREQUENCY:	Once	

INSTRUCTIONS:
Administer 60 minutes after the 1st injection

3. DRUG:	DOSE:	ROUTE:
FREQUENCY:		

INSTRUCTIONS:

4. DRUG:	DOSE:	ROUTE:
FREQUENCY:		

INSTRUCTIONS:

5. DRUG:	DOSE:	ROUTE:
FREQUENCY:		

INSTRUCTIONS: