STONY BROOK

STATE UNIVERSITY OF NEW YORK
UNIVERSITY HOSPITAL
AND MEDICAL CENTER

PHYSICIAN'S ORDER SHEET CONTINUATION

Date	Time	ORDERS: Must include physician's signature and ID#	Transcriber 's Initials/ID
		Regimen: HLH-2004 (etoposide & dexamethasone)	Page 1/1
		Dx: Hemophagocytic Lymphoshistiocytosis	
		Allergies:	
		Ht: _____cm Wt: _____kg BSA: _____m^2	
		PRN anti-emetics:	
		Prochlorperazine 10mg PO q6h PRN mild nausea	
		Ondansetron 4mg IVP q4h PRN mod nausea/vomiting	
		Pre-medications:	
		N/A- low emetic risk	
		Chemotherapy Regimen:	
		On day 1 (__/__/__) to day 14 (__/__/__) give:	
		Dexamethasone 10mg/m^2=_____mg PO once daily	
		Take with food (rounded to nearest 0.5 mg)	
		Pantoprazole 40mg AC breakfast while on steroids	
		On day 1 (__/__/__) & day 4 (__/__/__) &	
		Day 8 (__/__/__) & day 11 (__/__/__) give:	
		Etoposide 150mg/m^2= _____mg IVPB over 1 hour in	
		1000mL normal saline with 0.2micron inline filter	