



STONY BROOK UNIVERSITY MEDICAL CENTER
Stony Brook, N.Y. 11794

PHYSICIAN'S ORDER SHEET
CONTINUATION

UNIT

Date	Time	<p>ORDERS: Must include physician's signature and ID# STAT ORDERS MUST BE COMMUNICATED TO NURSE DO NOT USE PROHIBITED ABBREVIATIONS Never use: QD, qd, QOD, qod, ug, U, IU, Apothecary symbols, Apostrophe for time, BIW, TIW, decimal point without a leading zero, Trailing zero after whole number, MS04, MS, MgSO4, any other drug abbreviations.</p>	Transcriber's Initials/ID#
		Omacetaxine for Chronic Myeloid Leukemia Every 28 days Induction regimen Allergies: Ht: ____ cm Wt: ____ kg BSA: ____ m ² Day 1 = ___/___/___ Day 7 = ___/___/___ Day 14 = ___/___/___ Pre-medications: N/A Chemotherapy: Omacetaxine 1.25mg/m² = ____ mg Subcutaneously Q12h on day 1 to day 14 (28 doses total) (rotate injection site) Ref: Cortes, et al. Blood. 2012; 120(3)2573-2580 Cortes-Franco, et al. Blood ASH Abstracts. 2009;114(22):267. Abstract 644.	1/1

USE BALL POINT PEN ONLY AND PRINT CLEARLY

SCAN COPY TO PHARMACY AND PLACE IN MEDICAL RECORDS