Darken in box for STAT order - >

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

* P H 2 C 0 2 6 *

PHYSICIAN'S ORDER SHEET CONTINUATION

UNIT

Date	Time	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, MSO_4, MS, $MgSO_4$, any other drug abbreviations.**	Transcriber's Initials/ID#
		Regimen: Tocilizumab for Castleman Disease Dx: Castleman Disease Allergies: _____ Ht: _____cm Wt: _____kg BSA: _____m^2 Dose #____ (given every 2 weeks x 8 doses) **Give Tocilizumab 8mg/kg = _____ mg IVPB x1** dose on ____/____/____. Dilute in 100mL TOTAL VOLUME 0.9% normal saline. Infuse over 1 hour. To be administered through dedicated IV Line. Reference: Nishimoto. Blood. 2005;106:2627-2632	

USE BALL POINT PEN ONLY AND PRINT CLEARLY

PH2CO26 (11/06)

SCAN COPY TO PHARMACY AND PLACE IN MEDICAL RECORDS