

GENERIC SUBSTITUTE UNLESS CHECKED

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.

Exceptions: Orders preceded by a box () require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

*Patient name: _____ *DOB: _____

*Date _____ *Diagnosis: Bladder cancer C67.9 Other (specify) _____

Allergies: _____

*Time _____ Lab draws: Urine w/ micros and cultures, if indicated (to be performed before each treatment)
 Other (specify) _____

Pre-medications (to be given in clinic)

Oxybutynin 5 mg PO 60min before treatment and PRN for bladder spasms

Order: Insert urinary catheter and instill following medications **Start date:** _____

1gm Gemcitabine in 50ml of sterile water or normal saline instilled into bladder for 90 min followed by

37.5mg of Docetaxel in 50ml of normal saline for 90min
Frequency: Once a week for 6 weeks Other (specify) _____

****At home:** Premedications, if not prescribed by ordering provider, RN to submit prescription before initial appointment.

- **Sodium bicarbonate 650mg** PO given the night before instillation, the morning of and 6 hours after treatment (Quant. 36)
- **Oxybutynin 5mg** PO PRN BID spasms post instillation (Quant. 12)
- **Phenazopyridine 200mg** PO TID x 2 days after treatment PRN for painful urination (Quant. 36)

Additional instructions: RN to contact ordering provider's MA on last day of treatment. MA will schedule 6-week follow-up with ordering provider.

*Physician signature *Date *Time

***Denotes field that must be completed by healthcare worker**

****Order to be dispensed by patient's pharmacy**

FAX order form to 503-815-7515

{ Patient label }



Physician Order

Physician Order:
Bladder Chemo Treatment
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141