

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