Drug Administration Note - Cytarabine

Date: _____ dd / mm / yyyy

Presentation

Diagnosis

Clinical signs:

Summary:

PRE-CYTARABINE ORGAN DYSFUNCTION (BASELINE STATUS PRIOR TO STARTING CYTARABINE THERAPY)

Gastrointestinal:

Renal:

Hepatic:

CURRENT HISTORY (INTERVAL HISTORY SINCE LAST VISIT/ASSESSMENT)

History related to diagnosis:

Owner's account of pet's condition and quality of life:

Changes in clinical signs since last visit:

General history:

Additional owner concerns:

CURRENT MEDICATIONS

Specify below:

PHYSICAL EXAMINATION (FINDINGS FROM TODAY'S VISIT)

Weight: _____ Body Condition Score (BCS): _____

Muscle Condition Score (MCS): _____ Rectal temperature: _____

Peripheral lymph nodes:

Cardiorespiratory assessment:

Abdominal assessment:

SUMMARY OF NEUROLOGICAL EXAMINATION (FINDINGS FROM TODAY'S VISIT)

Cranial nerve assessment summary:

Spinal pain assessment:

Limb proprioception assessment:

Gait assessment:

Behavioral signs:

Neck and manipulation findings:

DIAGNOSTICS PLANNED FOR TODAY & RESULTS

CBC:

Neutropenia:

Thrombocytopenia:

Hemoglobin:

Biochemistry:

Creatinine level: _____

ALT level: _____ Bilirubin level: _____

Additional biochemistry findings:

GENERAL THERAPEUTICS INFORMATION (FOR TODAY'S ADMINISTRATION)

Cytarabine week: _____

Treatment frequency and rationale:

Injecting nurse: _____ Body weight: _____

BSA: _____

DRUG ADMINISTRATION DETAILS

Specify below:

CURRENT CLINICAL ASSESSMENT OF REMISSION STATUS

Assessment of remission status:

Differential diagnoses and prognosis:

CHRONOLOGICAL CYTARABINE & OUTCOME

Specify below:

UP TO DATE PROBLEM LIST (CONSOLIDATED SUMMARY)

Primary diagnosis location

Remission status

Treatment requirements:

Current clinical signs:

Recent historical signs:

Signs at home:

Diagnostics:

ASSESSMENT OF PROBLEM LIST (CLINICIAN'S DETAILED REASONING)

Diagnosis:

QOL (Quality of life):

Additional problems and current status:

UPDATED MEDICATIONS (PLAN FOR MEDICATIONS GOING FORWARD)

Specify below:

SHORT-TERM PLAN

Specify below:

PLANNED CLINICOPATHOLOGICAL TESTS

Specify below:

PLANNED CYTARABINE

Specify below:

LONG-TERM PLAN

Specify below: