**Chemotherapy/Biotherapy/Immunotherapy Learning Form**

**What is the name of this drug regimen?**

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**What indications/disease states is this regimen given for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_**

**List the individual generic and brand names of each drug in this regimen (do not include pre-medications and supportive drugs) and each drug’s classification:**

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**How is each drug metabolized?**

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**List the most common side effects a patient may experience with this regimen:**

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**List any side effects that may be associated with a specific drug within the regimen:**

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**List the pre-medications and supportive drugs (generic and brand name) and any side effects associated with each:**

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**What is this regimen’s emetogenic risk?**

**Low \_\_\_\_ Medium \_\_\_\_\_\_ High \_\_\_\_\_\_**

**List any special considerations related to this regimen:**

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**What symptoms/side effects would you teach this patient to report immediately, both during or after treatment?**

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**What is the schedule/duration for this regimen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**