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Med Rec #:	
Name:	
Birthdate:	
Phone (H)	(W)
PCP	

CONSENT TO ADRIAMYCIN

Physician:
INFORMATION ABOUT ADRIAMYCIN This drug can affect several organs (or parts) of the body in addition to the cancer cells.
STOMACH AND INTESTINE

Effects on the stomach and intestine include loss of appetite, nausea, and/or vomiting. Nausea and vomiting may begin

within a few hours after administration. Medication is available to help with this.

BONE MARROWAdriamycin can decrease the blood cells produced in the bone marrow. This can lead to:

- 1. Decreased number of white cells which may make patients more vulnerable to infections.
- 2. Decreased numbers of red cells which can give patients symptoms of shortness of breath, weakness and fatigue.
- 3. Decreased numbers of platelets which can result in easy bruising or bleeding for a longer time.

The drug's effect on the bone marrow is only temporary and transfusions are available if needed to counteract decreases in these cells until the bone marrow recovers. Blood samples will be taken frequently to monitor these effects of the drug on the bone marrow.

HEART

The drug may have some effect on the heart after long periods of therapy. This side effect appears to be related to the total amount of the drug which has been received. The patient will be informed when the dose he/she has received approaches the level associated with heart damage.

SKIN

On occasion the drug will cause redness and/or a rash over the areas where radiation therapy was done.

HAIR

Patients may experience temporary hair loss (not only from the scalp, but possibly underarms, beard, eyelashes, and pubic hair). This is usually reversible once the drug is stopped. If some of the drug accidentally leaks out of the vein where it is being injected severe irritation and/or death of the tissue can occur. All necessary precautions will be taken to prevent this from occurring. While receiving the drug any pain or unusual sensations should be reported so the nurse can check the vein.

CONSENT

I have read and understand the above information regarding Adriamycin. I give permission to the physician named above and/or his designated assistants to administer Adriamycin to the patient named above.

DATE	TIME	PATIENT OR LEGALLY AUTHORIZED REPRESENTATIVE	
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