

# IP ABVD

Types: ONCOLOGY TREATMENT

Synonyms: ABVD, LYMPHOMA, BLEOMYCIN, VINBLASTINE, DOXORUBICIN, DACARBAZINE, HODGKINS

Cycle 1	Repeat 1 time	Cycle length: 28 days
<b>Day 1</b> Perform every 1 day x1		
<b>Labs</b>		
<input checked="" type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>MAGNESIUM LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>LDH</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>URIC ACID LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</b>	Interval: 1 time imaging Occurrences: --
<b>Provider Communication</b>		
	<b>ONC PROVIDER COMMUNICATION 5</b>	Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.
<b>Provider Communication</b>		
	<b>ONC PROVIDER COMMUNICATION</b>	Interval: Until discontinued Occurrences: -- Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).  If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.
<b>Provider Communication</b>		
	<b>ONC PROVIDER COMMUNICATION 12</b>	Interval: Once Occurrences: -- Comments: Careful monitoring of pulmonary function tests should be performed prior to initiation of therapy and periodically during therapy for patients on methotrexate, lomustine, carmustine, aldesleukin, nilutamide, or bleomycin. If patient has not had baseline pulmonary function tests and/or does not have scheduled pulmonary function tests for future doses, place order via order entry.

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until discontinued

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL

Route: intravenous

PRN

Start: S

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Pre-Medications

**ondansetron (ZOFRAN) 16 mg, dexamethasone**

**(DECADRON) 12 mg in sodium chloride 0.9%**

**50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE 4 MG/ML INJECTION SOLUTION

Medications

12 mg

Yes

No

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION

Base

No

Yes

**ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

**palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg

Route: intravenous

once for 1 dose

Start: S

Instructions:

For OUTPATIENT use only.

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

APREPITANT 7.2

Medications

130 mg

Main

Yes

MG/ML				Ingredient
INTRAVENOUS EMULSION				
DEXTROSE 5 % IN	Base	130 mL	Yes	Yes
WATER (D5W) IV SOLP (EXCEL; NON-PVC)				
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Chemotherapy

**DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 25 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**vinBLAstine (VELBAN) 6 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 6 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 45 Minutes

Instructions:  
FOR IV USE ONLY. Fatal if given intrathecally.  
Protect from light, VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINBLASTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	6 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**dacarbazine (DTIC) 375 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB**

Dose: 375 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 60 Minutes

Instructions:  
Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DACARBAZINE 200 MG INTRAVENOUS SOLUTION	Medications	375 mg/m2	Main Ingredient	Yes

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION      QS Base      500 mL      Yes      Yes

**bleomycin (BLEOCIN) 1 Units in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 1 Units      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 120 Minutes

Instructions:  
Bleomycin test dose. HAZARDOUS - Handle with care. Monitor vital signs every 15 minutes; wait a minimum of 1 hour before administering remainder of dose.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	1 Units	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	49.6667 mL	Yes	Yes

**bleomycin (BLEOCIN) 10 Units/m2 in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 10 Units/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 2 Hours

Instructions:  
HAZARDOUS - Handle with care.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	10 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	50 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: Until discontinued      Occurrences: --  
Comments:

- Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)
1. Stop the infusion.
  2. Place the patient on continuous monitoring.
  3. Obtain vital signs.
  4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
  5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
  6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
  7. Notify the treating physician.
  8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
  9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: Until      Occurrences: --

discontinued  
Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### ONC NURSING COMMUNICATION 4

Interval: Until discontinued  
Comments:

Occurrences: --

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

#### fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg                      Route: oral                      PRN  
Start: S

#### famotidine (PEPCID) 20 mg/2 mL injection 20 mg

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**  
Dose: 100 mg      Route: intravenous      PRN

**dexamethasone (DECADRON) injection 4 mg**  
Dose: 4 mg      Route: intravenous      PRN  
Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**  
Dose: 0.3 mg      Route: subcutaneous      PRN  
Start: S

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**  
Dose: 20 mL      Route: intravenous      PRN

**HEParin, porcine (PF) injection 500 Units**  
Dose: 500 Units      Route: intra-catheter      once PRN  
Start: S  
Instructions:  
Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Day 15

Perform every 1 day x1

Labs

**COMPREHENSIVE METABOLIC PANEL**  
Interval: Once      Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**  
Interval: Once      Occurrences: --

**MAGNESIUM LEVEL**  
Interval: Once      Occurrences: --

**LDH**  
Interval: Once      Occurrences: --

**URIC ACID LEVEL**  
Interval: Once      Occurrences: --

**ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED**  
Interval: 1 time imaging      Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**  
Interval: Until discontinued      Occurrences: --  
Comments:      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**  
Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose  
Start: S  
Instructions:  
To keep vein open.

Pre-Medications



DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**vinBLASTine (VELBAN) 6 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 6 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 45 Minutes

Instructions:  
FOR IV USE ONLY. Fatal if given intrathecally.  
Protect from light, VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINBLASTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	6 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**dacarbazine (DTIC) 375 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB**

Dose: 375 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 60 Minutes

Instructions:  
Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DACARBAZINE 200 MG INTRAVENOUS SOLUTION	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

**bleomycin (BLEOCIN) 10 Units/m2 in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 10 Units/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 2 Hours

Instructions:  
HAZARDOUS - Handle with care.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	10 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	50 mL	Yes	Yes