

# IP AC

Types: ONCOLOGY TREATMENT

Synonyms: AC, DOXORUBICIN, CYCLOPHOSPHAMIDE, CYTOXAN, ADRIAMYCIN, PSY, DOC, DOX, SITE, A/C, BREAST

Cycle 1	Repeat 1 time	Cycle length: 21 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>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>CANCER ANTIGEN 27-29 (CA BR)</b>	Interval: Once Occurrences: --
<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>Nursing Orders</b>		
	<b>TREATMENT CONDITIONS 7</b>	Interval: Until discontinued Occurrences: --
	Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
<b>Provider Communication</b>		
	<b>ONC PROVIDER COMMUNICATON 61</b>	Interval: Until discontinued Occurrences: --
<b>Line Flush</b>		
	<b>sodium chloride 0.9 % flush 20 mL</b>	Dose: 20 mL Route: intravenous PRN
	Start: S	
<b>Nursing Orders</b>		
	<b>sodium chloride 0.9 % infusion 250 mL</b>	

Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose  
 Start: S  
 Instructions:  
 To keep vein open.

Pre-Medications

**ondansetron (ZOFTRAN) 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      End: S 10:00 AM

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

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

Chemotherapy

**DOXOrubicin (ADRIAmycin) 60 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 60 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	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

DEXTROSE 5 % IN Base 50 mL No Yes  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

**cyclophosphamide (CYTOXAN) 600 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 600 mg/m2 Route: intravenous once over 60 Minutes for 1 dose  
Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral PRN  
Start: S

Supportive Care

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection every 6 hours 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.

Post-Medications

**TBO-FILGRASTIM INJECTION ORDERABLE solution**

Dose: -- Route: subcutaneous  
Start: S

Rule-Based Template: RULE ONCBCN  
NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg  
Weight <= 72 kg

Modifications:

Set dose to 480 mcg  
Set dose to 300 mcg