

IP APL INDUCTION (LOW/INTERMEDIATE)

Types: ONCOLOGY TREATMENT

Synonyms: ACUTE, PROMY, LEUKE, APL, ARSE, TRIOX, ARSE, ARSENIC

Cycle 1	Repeat 1 time	Cycle length: 60 days
Day 1		Perform every 1 day x1
Labs		
<input checked="" type="checkbox"/>	CBC WITH PLATELET AND DIFFERENTIAL	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	COMPREHENSIVE METABOLIC PANEL	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	MAGNESIUM LEVEL	Interval: Once Occurrences: --
<input type="checkbox"/>	LDH	Interval: Once Occurrences: --
<input type="checkbox"/>	URIC ACID LEVEL	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	ECG 12-LEAD	Interval: Once Occurrences: --
Provider Communication		
	ONC PROVIDER COMMUNICATION 5	Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.
Provider Communication		
	ONC PROVIDER COMMUNICATION 19	Interval: Until discontinued Occurrences: -- Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).
Nursing Orders		
	ONC PROVIDER COMMUNICATION 10	Interval: Once Occurrences: -- Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.
Nursing Orders		
	ONC NURSING COMMUNICATION 67	Interval: Once Occurrences: -- Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4. Refer to Potassium Replacement Scale.
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 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	No	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

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 This drug requires close monitoring of

electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Electrolyte Replacement

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --
 Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
 o Serum potassium less than 2.9mEq/L, Call MD/NP
 o Serum potassium 3.0 to 3.5mEq/L, give 40mEq KCL IV and 40mEq KCL PO and notify MD/NP
 o Serum potassium 3.6 to 3.9mEq/L, give 40mEq KCL IV or PO
 o Serum potassium 4 mEq/L or greater, do not give potassium replacement

potassium chloride 20 mEq in 100 mL IVPB (FOR CENTRAL LINE ONLY)

Dose: 20 mEq Route: intravenous every 1 hour prn over 60 Minutes for 2 doses
 Start: S

potassium chloride (KLOR-CON) packet 40 mEq

Dose: 40 mEq Route: oral once PRN
 Start: S

Instructions:
 Dissolve contents of each packet in 4 oz. of water or other beverage.

Electrolyte Replacement

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --
 Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
 o Serum Magnesium less than 1.1mEq/L, Call MD/NP
 o Serum Magnesium 1.2 to 1.5mEq/L, give 4 gram magnesium sulfate IV
 o Serum Magnesium 1.6 to 1.9mEq/L, give 2 gram magnesium sulfate IV
 o Serum Magnesium 2 mEq/L or greater, do not give magnesium replacement

magnesium sulfate 2 g/50 mL IVPB (premix)

Dose: 2 g Route: intravenous once PRN @ 25 mL/hr over 1 Hours
 Start: S

magnesium sulfate 4 g IVPB (premix)

Dose: 4 g Route: intravenous once PRN over 2 Hours
 Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until Occurrences: --
 discontinued

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 discontinued

Occurrences: --

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 O₂ 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

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O₂ 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 O₂ 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.

Days 2,3,4,5,6,7

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once

Occurrences: --

Comments:

Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once

Occurrences: --

Comments:

Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Base

No

Yes

- ondansetron (ZOFTRAN) 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

- 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

Yes

Ingredient

DEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)
SODIUM Base 130 mL No Yes
CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

Chemotherapy

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --

Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as

directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once

Occurrences: --

Comments:

Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 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

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

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

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)
SODIUM

Base

130 mL

Yes

Yes

Base

130 mL

No

Yes

CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

Chemotherapy

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Days 9,10,11,12,13,14

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 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	No	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

- 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

- arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 15

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --

Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

ondansetron (ZOFTRAN) 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

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS	Medications	0.15 mg/kg	Main Ingredient	Yes

SOLUTION 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

Days 16,17,18,19,20,21

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --
 Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
 Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

 Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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	No	No

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

ondansetron (ZOFTRAN) 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

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 22

Labs

Perform every 1 day x1

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: Once Occurrences: --

Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --

Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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	Medications	16 mg	Yes	No

ML INJECTION SOLUTION
 DEXAMETHASONE Medications 12 mg No No
 4 MG/ML INJECTION SOLUTION
 SODIUM Base 50 mL Always Yes
 CHLORIDE 0.9 % INTRAVENOUS SOLUTION
 DEXTROSE 5 % IN Base No Yes
 WATER (D5W) INTRAVENOUS SOLUTION

ondansetron (ZOFTRAN) 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

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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION 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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML	Medications	0.15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	250 mL	Yes	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	250 mL	No	Yes

SOLUTION

Days 23,24,25,26,27,28

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 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	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

ondansetron (ZOFTRAN) 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

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 29

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --

Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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

No

No

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION

Base

50 mL

Always

Yes

Base

No

Yes

ondansetron (ZOFTRAN) 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

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:
This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Days 30,31,32,33,34,35

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once
Comments:

Occurrences: --
Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once
Comments:

Occurrences: --
Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL
Start: S

Route: intravenous once @ 30 mL/hr for 1 dose

Instructions:
To keep vein open.

Pre-Medications

ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --
Start: S

Route: intravenous once over 15 Minutes for 1 dose

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	No	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
Start: S

Route: oral once for 1 dose

dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg
Start: S

Route: oral once for 1 dose

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

Dose: 130 mg
Start: S

Route: intravenous once over 30 Minutes for 1 dose
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) INTRAVENOUS SOLUTION	Base	130 mL	Yes	Yes

WATER (D5W) IV
 SOLP (EXCEL;
 NON-PVC)
 SODIUM Base 130 mL No Yes
 CHLORIDE 0.9 % IV
 SOLP
 (EXCEL;NON-PVC)

Chemotherapy

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 36

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --

Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.
Refer to Potassium Replacement Scale.

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 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	No	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

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 Base 130 mL No Yes
 CHLORIDE 0.9 % IV
 SOLP
 (EXCEL;NON-PVC)

Chemotherapy

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Days 37,38,39,40,41,42

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --
 Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
 Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

- ondansetron (ZOFTRAN) 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

- 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

- arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater

than 2 and potassium greater than 4.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 43

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: Once Occurrences: --
Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --
Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --
Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 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	No	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

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes
 Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC	Medications	0.15	Main	Yes
	TRIOXIDE 2 MG/ML		mg/kg	Ingredient	
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	250 mL	No	Yes
	INTRAVENOUS SOLUTION				

Days 44,45,46,47,48,49

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 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	Medications	16 mg	Yes	No
	HCL (PF) 4 MG/2 ML INJECTION SOLUTION				
	DEXAMETHASONE	Medications	12 mg	No	No
	4 MG/ML				

INJECTION
SOLUTION
SODIUM Base 50 mL Always Yes
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN Base No Yes
WATER (D5W)
INTRAVENOUS
SOLUTION

ondansetron (ZOFTRAN) 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

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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION				
	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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML	Medications	0.15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	250 mL	No	Yes
	INTRAVENOUS SOLUTION				

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until discontinued Occurrences: --

Comments: Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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	No	No
	SODIUM	Base	50 mL	Always	Yes

CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION
 DEXTROSE 5 % IN Base No Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

ondansetron (ZOFTRAN) 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

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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION 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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML	Medications	0.15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	QS Base	250 mL	No	Yes

Days 51,52,53,54,55,56

Perform every 1 day x6

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --
Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 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	No	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

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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION 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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML	Medications	0.15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Day 57

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

ECG 12-LEAD

Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 19

Interval: Until Occurrences: --

discontinued

Comments:

Order EKG at baseline, then weekly. Prolonged QT is greater than or equal to 500 milliseconds (11 boxes).

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments:

Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --

Comments:

Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

ondansetron (ZOFTRAN) 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

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

Dose: 130 mg
Start: S

Route: intravenous
End: S

once over 30 Minutes for 1 dose

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

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg

Route: intravenous

once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Days 58,59

Perform every 1 day x2

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --

Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.
Refer to Potassium Replacement Scale.

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 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	No	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

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 Base 130 mL No Yes
 CHLORIDE 0.9 % IV
 SOLP
 (EXCEL;NON-PVC)

Chemotherapy

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater than 2 and potassium greater than 4.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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

Day 60

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --
 Comments: Please verify that patient is taking oral chemotherapy (Tretinoin) as directed by physician.

Nursing Orders

ONC NURSING COMMUNICATION 67

Interval: Once Occurrences: --
 Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4.

Refer to Potassium Replacement Scale.

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 (ZOFTRAN) 16 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	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

- ondansetron (ZOFTRAN) 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

- 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

- arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater

than 2 and potassium greater than 4.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ARSENIC TRIOXIDE 2 MG/ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	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