Protocol Index

IP APML4 FIRST CONSOLIDATION

Types: ONCOLOGY TREATMENT
Synonyms: ACUTE, PROMYEL, APL, ATRA, IDAR, ATO, ARSE, ARSENIC

Cycle 1 Repeat 1 time Cycle length: 28 days

Day 1 Perform every 1 day x1

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%.

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: --

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	Medications	16 mg	Yes	No

HCL (PF) 4 MG/2 ML INJECTION SOLUTION				
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

tretinoin (VESANOID) chemo capsule 22.5 mg/m2 (Treatment Plan)

Dose: 22.5 mg/m2 Route: oral 2 times daily with meals for 28 doses
Start: S
Instructions:
DO NOT CRUSH, CHEW, DISSOLVE, OR MANIPULATE CAPSULE IN ANY WAY.
Administer with meals.

Round to nearest 10 mg capsule (total daily dose = 45 mg/m2).

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 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 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 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 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 4 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: --

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	QS Base	250 mL	Yes	Yes

SOLUTION					
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes	

Days 5,6,7 Perform every 1 day x3

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 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 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: --

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	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

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 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 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

Day 11 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: --

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	Medications	12 mg	No	No

4 MG/ML INJECTION SOLUTION					
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

Days 12,13,14 Perform every 1 day x3

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 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: --

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	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 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 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)	Base		No	Yes

INTRAVENOUS SOLUTION

☐ **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 18 — 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: --

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

Days 19,20,21 Perform every 1 day x3

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 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 22 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: --

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	Medications	16 mg	Yes	No

SOLUTION					
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

Days 23,24 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 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 25 — 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: --

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

Days 26,27,28 Perform every 1 day x3

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 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