

IP AUGMENTED CVAD / PEGASPARGASE (C-VAD DRUGS / PART A) / (ARA-C/MTX/VINC DRUGS / PART B)

Types: ONCOLOGY TREATMENT

Synonyms: CYCLO, VINCR, DOXO, DEXA, PEGAS, CYOT, ONCOV, CYTARABINE, ARAC, ARA-C, MTX, METH, METHOTREXATE, VINC, VCR, VINCRISTINE, PEG, PEGASPAR

Augmented CVAD / Pegaspargase (C-VAD Drugs) Part 1A		Repeat 1 time	Cycle length: 21 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: --
Labs			
<input checked="" type="checkbox"/>	LIPASE LEVEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/>	AMYLASE LEVEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/>	FIBRINOGEN	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	Interval: Once	Occurrences: --
	Comments:	Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).	
	If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.		

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once
Comments:

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

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

Hydration

sodium chloride 0.9 % infusion

Dose: 100 mL/hr Route: intravenous continuous
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once Occurrences: --
Comments: Patients should be evaluated for CNS disease.

Provider Communication

ONC PROVIDER COMMUNICATION 35

Interval: Once Occurrences: --
Comments: Order appropriate antibiotics and growth factors.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 150 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose

Instructions:
Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued Occurrences: --

Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms)

only – itching, flushing, periorbital edema, rash, or runny nose)

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

ONC NURSING COMMUNICATION 83

Interval: Until 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.

Day 2

Perform every 1 day x1

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.

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds	Vol.
	METHOTREXATE	Medications	12 mg	Main	Yes	
	SODIUM (PF) 25 MG/ML INJECTION SOLUTION			Ingredient		

SODIUM CHLORIDE 0.9 % INJECTION SOLUTION QS Base 4.52 mL Yes Yes

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE	Medications	40 mg	Main	Yes

4 MG/ML INJECTION SOLUTION					Ingredient
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes	

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 3

Perform every 1 day x1

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	No	Yes

SOLUTION

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 4

Perform every 1 day x1

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

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

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9 % 1,000 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 24 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

Protect from light. Start after cyclophosphamide complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 2 MG/ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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.

Chemotherapy

vinCRistine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes

SODIUM CHLORIDE 0.9 %
 INTRAVENOUS SOLUTION QS Base 48 mL Yes Yes

Appointment Requests

IR LUMBAR PUNCTURE

Interval: -- Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL) REQUEST

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 HAZARDOUS - Handle with care.
 Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Day 15

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRistine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

**Augmented CVAD /
Pegaspargase (ARA-C/MTX/VINC
DRUGS) Part 1B**

Repeat 1 time

Cycle length: 21 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: --

Labs

LIPASE LEVEL

Interval: Once

Occurrences: --

AMYLASE LEVEL

Interval: Once

Occurrences: --

FIBRINOGEN

Interval: Once

Occurrences: --

Labs

PH, URINALYSIS

Interval: Conditional

Occurrences: --

Frequency

Comments:

Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every 8 hours until MTX is LESS than 0.05

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once

Occurrences: --

Comments:

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL

Route: intravenous

PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once

Occurrences: --

Comments:

Patients should be evaluated for CNS disease.

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

Yes

Ingredient

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

Pre-Medications

- dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB**

Dose: 40 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN
INTRATHECALLY. Maximum dose = 2 mg
(independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Hydration

dextrose 5% 1,000 mL with sodium bicarbonate 100 mEq infusion

Dose: 100 mL/hr Route: intravenous continuous
Start: S

Instructions:
Maintain rate until methotrexate level is LESS
than 0.05 mmoles/mL.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	1,000 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 64

Interval: Until discontinued

Occurrences: --

Comments:

Draw methotrexate level 24 hours, 48 hours and 72 hours AFTER COMPLETION of Methotrexate infusion and send STAT. Continue to obtain Methotrexate level every 24 hours until methotrexate level is less than 0.05.

Check stat urine pH prior to starting methotrexate and then every 8 hours. If urine ph is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection 50 mEq

Dose: 50 mEq

Route: intravenous

every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

Chemotherapy

methotrexate PF 200 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 200 mg/m2

Route: intravenous

once over 120 Minutes for 1 dose
Offset: 1 Hours

Instructions:

Observe carefully for signs of local irritation or infiltration.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	200 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	250 mL	No	Yes

SOLUTION

Chemotherapy

**methotrexate PF 800 mg/m2 in dextrose 5%
1,000 mL chemo IVPB**

Dose: 800 mg/m2 Route: intravenous once over 22 Hours for 1 dose
Offset: 3 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	800 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	No	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until
discontinued

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

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

ONC NURSING COMMUNICATION 83

Interval: Until
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.

Day 2

Perform every 1 day x1

Labs

METHOTREXATE LEVEL

Interval: Once Occurrences: --

PH, URINALYSIS

Interval: Conditional Occurrences: --
 Frequency

Comments: Draw prior to starting methotrexate and PRN until pH GREATER than 7.
 Then draw urine pH every day until MTX is LESS than 0.05.

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once Occurrences: --

Comments: Have patient sign name as cerebellar assessment prior to each dose of
 Cytarabine.

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
 50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate
 and then every shift.

If urine pH is LESS than 7, administer 50 mEq
 sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium
 bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS
 than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Supportive Care

prednisolONE acetate (PRED FORTE) 1 % ophthalmic suspension 2 drop

Dose: 2 drop Route: Both Eyes every 4 hours while awake
Start: S

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in

dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m² Route: intravenous every 12 hours over 180 Minutes for 2 doses
 Start: S

Instructions:

Start after methotrexate complete.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m ²	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride**0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

Chemotherapy

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes
 Start: S

Instructions:

Begin 37 hours AFTER START of Day 1
 methotrexate infusion.

Continue every 6 hours until levels are LESS
 than 0.05 micromol/L.

Day 3

Perform every 1 day x1

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once

Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of
 Cytarabine.

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection**50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN
 Start: S

Instructions:

Check urine pH prior to start of methotrexate
 and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.
If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.
If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes

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

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Start: S

Instructions:

Start after methotrexate complete.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once

Occurrences: --

Comments:

Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes

Start: S

Instructions:

Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 4

Perform every 1 day x1

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection 50 mEq

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Pre-Medications

- dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB**

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE	Medications	40 mg	Main	Yes

4 MG/ML INJECTION SOLUTION				Ingredient
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once Occurrences: --
 Comments: Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

 If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes
 Start: S
 Instructions:
 Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 5

Perform every 1 day x1

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.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued Occurrences: --
 Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)
 1. Stop the infusion.

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

ONC NURSING COMMUNICATION 83

Interval: Until 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

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once Occurrences: --

Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

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.

Chemotherapy

vinCRiStine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**

VINCRISTINE 1

Medications

2 mg

Main

Yes

MG/ML

Ingredient

INTRAVENOUS

SOLUTION

SODIUM

QS Base

48 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

Appointment Requests

IR LUMBAR PUNCTURE

Interval: --

Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL)**REQUEST**

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg

Route: intrathecal

once over 5 Minutes for 1 dose

Start: S

End: S

Instructions:

HAZARDOUS - Handle with care.

Preservative free for intrathecal use.

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**

CYTARABINE (PF)

Medications

100 mg

Main

Yes

100 MG/5 ML (20 MG/ML) INJECTION SOLUTION
 SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

QS Base

Ingredient
 Yes Yes

Day 15

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Augmented CVAD / Pegaspargase (C-VAD Drugs) Part 2A

Repeat 1 time

Cycle length: 21 days

Day 1

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: --

Labs

LIPASE LEVEL

Interval: Once Occurrences: --

AMYLASE LEVEL

Interval: Once Occurrences: --

FIBRINOGEN

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

Interval: Once Occurrences: --
Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once Occurrences: --
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

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

Hydration

sodium chloride 0.9 % infusion

Dose: 100 mL/hr Route: intravenous continuous
 Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once Occurrences: --
 Comments: Patients should be evaluated for CNS disease.

Provider Communication

ONC PROVIDER COMMUNICATION 35

Interval: Once Occurrences: --
 Comments: Order appropriate antibiotics and growth factors.

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)	Base		No	Yes

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 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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

SOLUTION
 DEXTROSE 5 % IN QS Base 250 mL Yes Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
 Offset: 150 Minutes

Instructions:
 DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Chemotherapy

pegaspargase (ONCASPARG) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose

Instructions:
 Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN	Base	100 mL	Yes	Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

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.

Day 2

Perform every 1 day x1

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.

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose

Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAM IDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 3

Perform every 1 day x1

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

Pre-Medications

- dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB**

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML	Medications	40 mg	Main Ingredient	Yes

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

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 4

Perform every 1 day x1

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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
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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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9 % 1,000 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light. Start after cyclophosphamide complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 2 MG/ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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.

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Appointment Requests

IR LUMBAR PUNCTURE

Interval: -- Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL) REQUEST

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 HAZARDOUS - Handle with care.
 Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Day 15

Labs

Perform every 1 day x1

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1	Medications	2 mg	Main	Yes

MG/ML				Ingredient
INTRAVENOUS SOLUTION				
SODIUM CHLORIDE 0.9 %	QS Base	48 mL	Yes	Yes
INTRAVENOUS SOLUTION				

Augmented CVAD / Pegaspargase (ARA-C/MTX/VINC DRUGS) Part 2B

Repeat 1 time

Cycle length: 21 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: --

Labs

LIPASE LEVEL

Interval: Once Occurrences: --

AMYLASE LEVEL

Interval: Once Occurrences: --

FIBRINOGEN

Interval: Once Occurrences: --

Labs

PH, URINALYSIS

Interval: Conditional Frequency Occurrences: --

Comments: Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every 8 hours until MTX is LESS than 0.05

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once Occurrences: --
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:
To keep vein open.

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once

Occurrences: --

Comments:

Patients should be evaluated for CNS disease.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Hydration

dextrose 5% 1,000 mL with sodium bicarbonate 100 mEq infusion

Dose: 100 mL/hr Route: intravenous continuous

Start: S

Instructions:

Maintain rate until methotrexate level is LESS than 0.05 mmoles/mL.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	1,000 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 64

Interval: Until Occurrences: --

discontinued

Comments:

Draw methotrexate level 24 hours, 48 hours and 72 hours AFTER COMPLETION of Methotrexate infusion and send STAT. Continue to obtain Methotrexate level every 24 hours until methotrexate level is less than 0.05.

Check stat urine pH prior to starting methotrexate and then every 8 hours. If urine ph is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection

50 mEq

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

Chemotherapy

methotrexate PF 200 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 200 mg/m2 Route: intravenous once over 120 Minutes for 1 dose
Offset: 1 Hours

Instructions:

Observe carefully for signs of local irritation or infiltration.

Ingredients:

Name	Type	Dose	Selected	Adds	Vol.
METHOTREXATE	Medications	200	Main	Yes	
SODIUM (PF) 25		mg/m2	Ingredient		
MG/ML INJECTION					
SOLUTION					

DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Chemotherapy

**methotrexate PF 800 mg/m2 in dextrose 5%
1,000 mL chemo IVPB**

Dose: 800 mg/m2 Route: intravenous once over 22 Hours for 1 dose
Offset: 3 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	800 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	No	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until
discontinued

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

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

ONC NURSING COMMUNICATION 83

Interval: Until
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

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for
Implanted Vascular Access Device
maintenance.

Day 2

Perform every 1 day x1

Labs

METHOTREXATE LEVEL

Interval: Once Occurrences: --

PH, URINALYSIS

Interval: Conditional Occurrences: --

Frequency

Comments:

Draw prior to starting methotrexate and PRN until pH GREATER than 7.
Then draw urine pH every day until MTX is LESS than 0.05.

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of
Cytarabine.

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate
and then every shift.

If urine pH is LESS than 7, administer 50 mEq
sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium
bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS
than 0.05 or patient is discharged.

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
ONDANSETRON

Type
Medications

Dose
16 mg

Selected Adds Vol.
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 (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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Supportive Care

**prednisolONE acetate (PRED FORTE) 1 %
ophthalmic suspension 2 drop**

Dose: 2 drop Route: Both Eyes every 4 hours while awake
Start: S

Chemotherapy

**cytarabine PF (CYSTOSAR) 3,000 mg/m2 in
dextrose 5% 500 mL chemo IVPB**

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Start: S

Instructions:

Start after methotrexate complete.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Intrathecal Injections

**methotrexate PF 12 mg in sodium chloride
0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

Chemotherapy

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes
Start: S

Instructions:

Begin 37 hours AFTER START of Day 1
methotrexate infusion.

Continue every 6 hours until levels are LESS
than 0.05 micromol/L.

Day 3

Perform every 1 day x1

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once

Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of
Cytarabine.

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection

50 mEq

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Yes

Ingredient

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses

Start: S

Instructions:

Start after methotrexate complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once

Occurrences: --

Comments:

Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg

Route: intravenous

every 6 hours over 30 Minutes

Start: S

Instructions:

Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 4

Perform every 1 day x1

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once

Occurrences: --

Comments:

Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes

Start: S

Instructions:

Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 5

Perform every 1 day x1

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.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued
Comments:

Occurrences: --

- 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
Comments:

Occurrences: --

- 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

Day 8

Perform every 1 day x1

Labs

 CBC WITH PLATELET AND DIFFERENTIAL

Interval: --

Occurrences: --

 COMPREHENSIVE METABOLIC PANEL

Interval: --

Occurrences: --

 MAGNESIUM LEVEL

Interval: --

Occurrences: --

 LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once

Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

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.

Chemotherapy

vinCRistine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Medications

2 mg

Main Yes
Ingredient

QS Base

48 mL

Yes Yes

Appointment Requests

IR LUMBAR PUNCTURE

Interval: --

Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL) REQUEST

Interval: -- Occurrences: --
 Comments: Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 HAZARDOUS - Handle with care.
 Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Day 15

Perform every 1 day x1

Labs

 CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

 COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

 MAGNESIUM LEVEL

Interval: -- Occurrences: --

 LDH

Interval: -- Occurrences: --

 URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

 LIPASE LEVEL

Interval: -- Occurrences: --

 AMYLASE LEVEL

Interval: -- Occurrences: --

 FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRistine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Augmented CVAD / Pegaspargase (C-VAD Drugs) Part 3A

Repeat 1 time

Cycle length: 21 days

Day 1

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: --

Labs

LIPASE LEVEL

Interval: Once Occurrences: --

AMYLASE LEVEL

Interval: Once Occurrences: --

FIBRINOGEN

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

Interval: Once Occurrences: --
Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

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

Hydration

sodium chloride 0.9 % infusion

Dose: 100 mL/hr Route: intravenous continuous
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once Occurrences: --
Comments: Patients should be evaluated for CNS disease.

Provider Communication

ONC PROVIDER COMMUNICATION 35

Interval: Once Occurrences: --
Comments: Order appropriate antibiotics and growth factors.

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

Pre-Medications

- dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB**

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes

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

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

vinCRiStine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 150 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Chemotherapy

**pegaspargase (ONCASPAR) 2,500 Units/m2 in
dextrose 5% 100 mL chemo IVPB**

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose

Instructions:

Infuse into a flowing IV line. Observe for 1
hour post infusion

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until
discontinued

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

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

ONC NURSING COMMUNICATION 83

Interval: Until
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.

Day 2

Perform every 1 day x1

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.

Intrathecal Injections

**methotrexate PF 12 mg in sodium chloride
0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S
Instructions:
Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 3

Perform every 1 day x1

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

Inredients:	Name	Type	Dose	Selected	Adds Vol.
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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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS	Medications	600 mg/m2	Main Ingredient	Yes

SOLUTION
 SODIUM QS Base 1,000 mL Yes Yes
 CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION
 DEXTROSE 5 % IN QS Base No Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

Day 4

Perform every 1 day x1

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	Base	130 mL	No	Yes

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9 % 1,000 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Protect from light. Start after cyclophosphamide complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 2 MG/ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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.

Chemotherapy

vinCRistine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

VINCRIStINE 1
MG/ML
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Medications

2 mg

Main
Ingredient

QS Base

48 mL

Yes Yes

Appointment Requests

IR LUMBAR PUNCTURE

Interval: -- Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: -- Occurrences: --

Comments: Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: -- Occurrences: --

Comments: Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: -- Occurrences: --

Comments: Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: -- Occurrences: --

Comments: Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL) REQUEST

Interval: -- Occurrences: --

Comments: Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 HAZARDOUS - Handle with care.
 Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Day 15

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S
 Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.

DEXAMETHASONE Medications	40 mg	Main Ingredient	Yes
4 MG/ML INJECTION SOLUTION			
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base 50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base 50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:
 DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Augmented CVAD / Pegaspargase (ARA-C/MTX/VINC DRUGS) Part 3B Repeat 1 time Cycle length: 21 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: --

Labs

LIPASE LEVEL

Interval: Once Occurrences: --

AMYLASE LEVEL

Interval: Once Occurrences: --

FIBRINOGEN

Interval: Once Occurrences: --

Labs

PH, URINALYSIS

Interval: Conditional Occurrences: --

Frequency

Comments:

Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every 8 hours until MTX is LESS than 0.05

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once Occurrences: --

Comments:

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once Occurrences: --

Comments:

Patients should be evaluated for CNS disease.

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	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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML	Medications	40 mg	Main Ingredient	Yes
	INJECTION SOLUTION				
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Hydration

dextrose 5% 1,000 mL with sodium bicarbonate 100 mEq infusion

Dose: 100 mL/hr Route: intravenous continuous
Start: S

Instructions:
Maintain rate until methotrexate level is LESS than 0.05 mmoles/mL.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	1,000 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 64

Interval: Until discontinued Occurrences: --

Comments: Draw methotrexate level 24 hours, 48 hours and 72 hours AFTER COMPLETION of Methotrexate infusion and send STAT. Continue to obtain Methotrexate level every 24 hours until methotrexate level is less

than 0.05.

Check stat urine pH prior to starting methotrexate and then every 8 hours. If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection 50 mEq

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

Chemotherapy

methotrexate PF 200 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 200 mg/m2 Route: intravenous once over 120 Minutes for 1 dose
Offset: 1 Hours

Instructions:

Observe carefully for signs of local irritation or infiltration.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	200 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Chemotherapy

methotrexate PF 800 mg/m2 in dextrose 5% 1,000 mL chemo IVPB

Dose: 800 mg/m2 Route: intravenous once over 22 Hours for 1 dose
Offset: 3 Hours

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	800 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W)	QS Base	1,000 mL	Yes	Yes

INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

1,000 mL No

Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until
discontinued

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

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

ONC NURSING COMMUNICATION 83

Interval: Until
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.

Day 2

Perform every 1 day x1

Labs

METHOTREXATE LEVEL

Interval: Once Occurrences: --

PH, URINALYSIS

Interval: Conditional Occurrences: --
Frequency

Comments: Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every day until MTX is LESS than 0.05.

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once

Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection 50 mEq

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Supportive Care

prednisolONE acetate (PRED FORTE) 1 % ophthalmic suspension 2 drop

Dose: 2 drop Route: Both Eyes every 4 hours while awake
Start: S

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Start: S

Instructions:
Start after methotrexate complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

DEXTROSE 5 % IN QS Base 500 mL Yes Yes
WATER (D5W)
INTRAVENOUS
SOLUTION

Intrathecal Injections

**methotrexate PF 12 mg in sodium chloride
0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

METHOTREXATE
SODIUM (PF) 25
MG/ML INJECTION
SOLUTION

Medications

12 mg

Main

Yes

Ingredient

SODIUM
CHLORIDE 0.9 %
INJECTION
SOLUTION

QS Base

4.52 mL

Yes

Yes

Chemotherapy

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes
Start: S

Instructions:

Begin 37 hours AFTER START of Day 1
methotrexate infusion.

Continue every 6 hours until levels are LESS
than 0.05 micromol/L.

Day 3

Perform every 1 day x1

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once

Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of
Cytarabine.

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN
Start: S

Instructions:

Check urine pH prior to start of methotrexate
and then every shift.

If urine pH is LESS than 7, administer 50 mEq
sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium
bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS
than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S
 Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Start: S

Instructions:
Start after methotrexate complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once Occurrences: --
Comments: Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes

Start: S
Instructions:
Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 4

Perform every 1 day x1

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection 50 mEq

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S
Instructions:
Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.
If still LESS than 7, repeat 50 mEq sodium

bicarbonate and recheck in 1 hour.
If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS
than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium

chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once

Occurrences: --

Comments:

Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes

Start: S

Instructions:

Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 5

Perform every 1 day x1

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.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPBDose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

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 Oxvaen 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

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once

Occurrences: --

Comments:

Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

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.

Chemotherapy**vinCRiStine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 2 mg

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**VINCRISTINE 1
MG/ML

Medications

2 mg

Main

Yes

INTRAVENOUS
SOLUTION

QS Base

48 mL

Yes

Yes

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION**Appointment Requests****IR LUMBAR PUNCTURE**

Interval: --

Occurrences: --

Labs**CSF CELL COUNT WITH DIFFERENTIAL**

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL)**REQUEST**

Interval: --

Occurrences: --

Comments:

Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections**cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 100 mg

Route: intrathecal

once over 5 Minutes for 1 dose

Start: S End: S

Instructions:

HAZARDOUS - Handle with care.

Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Day 15

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

**dexamethasone (DECADRON) 40 mg in sodium
chloride 0.9 % IVPB**

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes

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

Chemotherapy

vinCRISStine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:
 DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Augmented CVAD / Pegaspargase (C-VAD Drugs) Part 4A

Repeat 1 time

Cycle length: 21 days

Day 1

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: --

Labs

LIPASE LEVEL

Interval: Once Occurrences: --

AMYLASE LEVEL

Interval: Once Occurrences: --

FIBRINOGEN

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

Interval: Once
Comments:

Occurrences: --

Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once
Comments:

Occurrences: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL
Start: S

Route: intravenous

PRN

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.

Hydration

sodium chloride 0.9 % infusion

Dose: 100 mL/hr
Start: S

Route: intravenous

continuous

Provider Communication

ONC PROVIDER COMMUNICATION 34

Interval: Once
Comments:

Occurrences: --

Patients should be evaluated for CNS disease.

Provider Communication

ONC PROVIDER COMMUNICATION 35

Interval: Once
Comments:

Occurrences: --

Order appropriate antibiotics and growth factors.

Pre-Medications

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

Dose: --
Start: S

Route: intravenous

once over 15 Minutes for 1 dose

Ingredients:

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

Type
Medications

Dose
16 mg

Selected
Yes

Adds Vol.
No

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAM	Medications	300	Main	Yes

IDE 1 GRAM INTRAVENOUS SOLUTION		mg/m2	Ingredient		
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes	

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 150 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN
INTRATHECALLY. Maximum dose = 2 mg
(independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose

Instructions:
Infuse into a flowing IV line. Observe for 1
hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION	Medications	2,500 Units/m2	Main Ingredient	Yes

SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued
Comments:

Occurrences: --

- 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
Comments:

Occurrences: --

- 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
Comments:

Occurrences: --

- 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.

Day 2

Perform every 1 day x1

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.

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

SOLUTION

Day 3

Perform every 1 day x1

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cyclophosphamide (CYTOXAN) 300 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAM IDE 1 GRAM INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 600 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Start infusion along with cyclophosphamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 4

Perform every 1 day x1

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes

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

Chemotherapy

DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9 % 1,000 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 24 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 Protect from light. Start after cyclophosphamide complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 2 MG/ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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.

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Appointment Requests

IR LUMBAR PUNCTURE

Interval: -- Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

CYTOLOGY (NON-GYNECOLOGICAL) REQUEST

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:
HAZARDOUS - Handle with care.
Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN

INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Augmented CVAD / Pegaspargase (ARA-C/MTX/VINC DRUGS) Part 4B

Repeat 1 time

Cycle length: 21 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: --

Labs

LIPASE LEVEL

Interval: Once

Occurrences: --

AMYLASE LEVEL

Interval: Once

Occurrences: --

FIBRINOGEN

Interval: Once

Occurrences: --

Labs

PH, URINALYSIS

Interval: Conditional Frequency

Occurrences: --

Comments:

Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every 8 hours until MTX is LESS than 0.05

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once

Occurrences: --

Comments:

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

Line Flush**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders**sodium chloride 0.9 % infusion 250 mL**

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

Provider Communication**ONC PROVIDER COMMUNICATION 34**

Interval: Once Occurrences: --
 Comments: Patients should be evaluated for CNS disease.

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	Base	130 mL	No	Yes

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRistine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Hydration

dextrose 5% 1,000 mL with sodium bicarbonate 100 mEq infusion

Dose: 100 mL/hr Route: intravenous continuous

Start: S

Instructions:

Maintain rate until methotrexate level is LESS than 0.05 mmoles/mL.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	1,000 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 64

Interval: Until discontinued

Occurrences: --

Comments:

Draw methotrexate level 24 hours, 48 hours and 72 hours AFTER COMPLETION of Methotrexate infusion and send STAT. Continue to obtain Methotrexate level every 24 hours until methotrexate level is less than 0.05.

Check stat urine pH prior to starting methotrexate and then every 8 hours. If urine ph is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.
If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.
If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

Chemotherapy

**methotrexate PF 200 mg/m2 in dextrose 5%
250 mL chemo IVPB**

Dose: 200 mg/m2 Route: intravenous once over 120 Minutes for 1 dose
Offset: 1 Hours

Instructions:

Observe carefully for signs of local irritation or infiltration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
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METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	200 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Chemotherapy

methotrexate PF 800 mg/m2 in dextrose 5% 1,000 mL chemo IVPB

Dose: 800 mg/m2 Route: intravenous once over 22 Hours for 1 dose
Offset: 3 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	800 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	No	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued

Occurrences: --

Comments:

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

ONC NURSING COMMUNICATION 83

Interval: Until 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
Comments:

Occurrences: --

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.

Day 2

Perform every 1 day x1

Labs

 METHOTREXATE LEVEL

Interval: Once Occurrences: --

 PH, URINALYSIS

Interval: Conditional Occurrences: --
 Frequency

Comments: Draw prior to starting methotrexate and PRN until pH GREATER than 7.
 Then draw urine pH every day until MTX is LESS than 0.05.

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once Occurrences: --
 Comments: Have patient sign name as cerebellar assessment prior to each dose of
 Cytarabine.

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
 50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate
 and then every shift.

If urine pH is LESS than 7, administer 50 mEq
 sodium bicarbonate and recheck in 1 hour.
 If still LESS than 7, repeat 50 mEq sodium
 bicarbonate and recheck in 1 hour.
 If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS
 than 0.05 or patient is discharged.

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 mgDose: 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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

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

Supportive Care

**prednisolONE acetate (PRED FORTE) 1 %
 ophthalmic suspension 2 drop**

Dose: 2 drop Route: Both Eyes every 4 hours while awake
 Start: S

Chemotherapy

**cytarabine PF (CYSTOSAR) 3,000 mg/m2 in
 dextrose 5% 500 mL chemo IVPB**

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
 Start: S

Instructions:

Start after methotrexate complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Intrathecal Injections

**methotrexate PF 12 mg in sodium chloride
 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

Chemotherapy

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes
 Start: S

Instructions:

Begin 37 hours AFTER START of Day 1
 methotrexate infusion.

Continue every 6 hours until levels are LESS
 than 0.05 micromol/L.

Day 3

Perform every 1 day x1

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once Occurrences: --

Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection
50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses

Start: S

Instructions:

Start after methotrexate complete.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once

Occurrences: --

Comments:

Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg Route: intravenous every 6 hours over 30 Minutes

Start: S

Instructions:

Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 4

Perform every 1 day x1

Supportive Care

sodium bicarbonate 1 mEq/mL (8.4 %) injection**50 mEq**

Dose: 50 mEq Route: intravenous every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

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

Pre-Medications

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

ONC NURSING COMMUNICATION

Interval: Once

Occurrences: --

Comments:

Verify that Leucovorin 50 mg IV every 6 hours is on MAR to be given, if patient still meets continuation guidelines.

If NOT on MAR, Please Release the Leucovorin Order below.

leucovorin IV 50 mg

Dose: 50 mg

Route: intravenous

every 6 hours over 30 Minutes

Start: S

Instructions:

Continue every 6 hours until levels are LESS than 0.05 micromol/L.

Day 5

Perform every 1 day x1

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.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued

Occurrences: --

Comments:

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

ONC NURSING COMMUNICATION 83

Interval: Until 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

Day 8

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: --

Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: --

Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once Occurrences: --

Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

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.

Chemotherapy

vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions: DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Appointment Requests

IR LUMBAR PUNCTURE

Interval: -- Occurrences: --

Labs

CSF CELL COUNT WITH DIFFERENTIAL

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

PROTEIN, CSF

Interval: -- Occurrences: --

Comments: Specimen to be drawn in Interventional Radiology area.

GLUCOSE LEVEL, CSF

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

FLOW CYTOMETRY EVALUATION

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

**CYTOLOGY (NON-GYNECOLOGICAL)
REQUEST**

Interval: -- Occurrences: --
Comments: Specimen to be drawn in Interventional Radiology area.

Intrathecal Injections

cytarabine PF (CYSTOSAR) 100 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 100 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:
HAZARDOUS - Handle with care.
Preservative free for intrathecal use.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	100 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Day 15

Perform every 1 day x1

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Labs

LIPASE LEVEL

Interval: -- Occurrences: --

AMYLASE LEVEL

Interval: -- Occurrences: --

FIBRINOGEN

Interval: -- Occurrences: --

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

dexamethasone (DECADRON) 40 mg in sodium chloride 0.9 % IVPB

Dose: 40 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

vinCRiStine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN
INTRATHECALLY. Maximum dose = 2 mg
(independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes