

IP BEACOPP

Types: ONCOLOGY TREATMENT

Synonyms: BEACOPP, LYMPHOMA, BLEOMYCIN, VINCRISTINE, DOXORUBICIN, PROCARBAINE, HODGKINS, PREDNISONE, ETOPOSIDE, CYCLOPHOSPHAMIDE

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1	Perform every 1 day x1	
Labs	☒ COMPREHENSIVE METABOLIC PANEL	
	Interval: Once	Occurrences: --
	☒ CBC WITH PLATELET AND DIFFERENTIAL	
	Interval: Once	Occurrences: --
	☒ MAGNESIUM LEVEL	
	Interval: Once	Occurrences: --
	☐ LDH	
	Interval: Once	Occurrences: --
	☐ URIC ACID LEVEL	
	Interval: Once	Occurrences: --
	☐ ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED	
	Interval: 1 time imaging	Occurrences: --
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: Until discontinued	Occurrences: --
	Comments:	Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).
		If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.
Provider Communication		
	ONC PROVIDER COMMUNICATION	
	Interval: Once	Occurrences: --
	Comments:	Procarbazine is NOT AVAILABLE from HMM Pharmacy.
Nursing Orders		
	TREATMENT CONDITIONS 7	
	Interval: Until discontinued	Occurrences: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

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

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

- ☒ **(DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 10:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

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

Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Chemotherapy

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

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

Instructions:
Protect from light; VESICANT

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

☒ **cyclophosphamide (CYTOXAN) 650 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 650 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	650 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

☒ **etoposide (TOPOSAR) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 1.75 Hours

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	100 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

☒ **predniSONE (DELTASONE) tablet 40 mg/m2 (Treatment Plan)**

Dose: 40 mg/m2 Route: oral daily for 14 doses
Start: S

☒ **procarbazine (MATULANE) 50 mg chemo capsule**

Dose: 100 mg/m2 Route: oral daily
Dispense: -- Refills: --
Start: S End: S+8
Instructions:
HAZARDOUS. Handle with care.

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until Occurrences: --

discontinued
Comments:

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

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

ONC NURSING COMMUNICATION 83

Interval: Until
discontinued
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.

Days 2,3

Perform every 1 day x2

Labs

BASIC METABOLIC PANEL

Interval: Once 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) tablet 8 mg

Dose: 8 mg Route: oral daily for 3 doses
 Start: S

Pre-Medications

☒ **ondansetron (ZOFTRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S

☐ **ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg 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	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Chemotherapy

☒ **etoposide (TOPOSAR) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	100 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Day 8

Perform every 1 day x1

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: Once Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: Once Occurrences: --

☐ **LDH**

Interval: Once Occurrences: --

☐ **URIC ACID LEVEL**

Interval: Once Occurrences: --

☐ **ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED**

Interval: 1 time imaging Occurrences: --

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Until discontinued

Occurrences: --

Comments:

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

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

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Chemotherapy☒ **vinCRistine (ONCOVIN) 1.4 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.4 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Instructions:

Protect from light, VESICANT. Max dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRISTINE 1.4 MG/M2

Conditions:

BSA < 1.43 m2

BSA >= 1.43 m2

Modifications:

Set dose to 1.4 mg/m2

Set dose to 2 mg

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**VINCRISTINE 1
MG/ML
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Medications

1.4
mg/m2

Main

Ingredient

Yes

Base

50 mL

Yes

Yes

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

Dose: 1 Units

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Instructions:

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

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**BLEOMYCIN 30
UNIT SOLUTION
FOR INJECTION
SODIUM
CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

Medications

1 Units

Main

Ingredient

Yes

QS Base

49.6667
mL

Yes

Yes

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

Dose: 10 Units/m2

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Instructions:

HAZARDOUS - Handle with care.

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**BLEOMYCIN 30
UNIT SOLUTION

Medications

10
Units/m2

Main

Inaredient

Yes

			FOR INJECTION SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	50 mL	Yes	Yes
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