

IP CAGT AUTOLOGOUS SCT HIGH DOSE ETOPOSIDE / CARBOPLATIN

Types: ONCOLOGY TREATMENT

Synonyms: PARAPLATIN, VP 16, TOPOSAR, STEM CELL TRANSPLANT

Transplant	Repeat 1 time	Cycle length: 8 days
Day -6 through -1		Perform every 1 day x1
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		
dexamethasone (DECADRON) IV 10 mg		
Dose: 10 mg	Route: intravenous	once for 1 dose
Start: S		
Instructions:	Administer on Day -6	
ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB		
Dose: --	Route: intravenous	every 24 hours over 15 Minutes
Start: S+1		
Instructions:	Administer 30 minutes prior to treatment on Days -5, -4, -3, -2, -1.	
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+1		
Instructions:	Administer 30 minutes prior to treatment on Days -5.	

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

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous every 24 hours for 3 doses
 Start: S+1
 Instructions:
 Administer on Days -5, -4, -3 prior to Etoposide infusion.

Antiemetics

promethazine (PHENERGAN) injection 25 mg

Dose: 25 mg Route: injection every 4 hours PRN
 Start: S

Hydration

sodium chloride 0.9 % infusion

Dose: 125 mL/hr Route: intravenous continuous

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: Until discontinued Occurrences: --
 Comments: Etoposide Administration Instructions:
 1. Administer Etoposide first before Carboplatin
 2. Use DEHP-free IV bag and low-sorbing administration set
 3. NO FILTER needed
 4. Tubing will be primed with Etoposide, please use appropriate precautions
 5. Etoposide should be infused into a separate lumen from all other fluids/medications
 6. Run IV fluid concurrently through a separate lumen
 7. DO NOT FLUSH bag when infusion complete.
 A. Bag will contain overfill to account for tubing volume
 8. When the two hour infusion is complete, disconnect tubing from CVC and flush with NS as per normal protocol.

ONC NURSING COMMUNICATION 5

Interval: Until discontinued Occurrences: --
 Comments: ETOPOSIDE DOSING INFORMATION:
 1. Bag contains overfill to account for tubing volume (26mL) since flushing is not allowed
 2. Dose/Volume/Rate listed on label includes overfill volume
 3. Patient dose = *** mg
 4. Volume to be infused in patient will be *** mL over 2 hours
 5. Actual infusion rate should be *** mL/hr
 6. Please set pump according to rate specified in step 5 and stop infusion after 2 hours.

VITAL SIGNS - T/P/R/BP

Interval: Per unit protocol
 Occurrences: --
 Comments: During Etoposide infusion:
 -Every 15 minutes during infusion and for 1 hour post infusion.
 -May return to routine VS starting 1 hour post infusion
 -If SBP is less than 90 or greater than 160, call MD and slow infusion rate to HALF PREVIOUS RATE for completion of infusion

Chemotherapy

etoposide (TOPOSAR) UNDILUTED chemo IVPB 750 mg/m2 (Treatment Plan)

Dose: 750 mg/m2 Route: intravenous every 24 hours over 2 Hours for 3 doses
 Start: S

Instructions:
 HAZARDOUS
 Handle with care
 Bag contains overfill
 DO NOT infuse per rate listed on label - ONLY use rate listed below
 Patient dose = *** mg
 INFUSION RATE = *** mL/hr x 2 hours
 Only for use in a stem cell transplant protocol, DO NOT use outside of this setting.

Chemotherapy

CARBOplatin (PARAplatin) 700 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 700 mg/m2 Route: intravenous every 24 hours over 60 Minutes for 3 doses
 Start: S+1

Instructions:
 Administer on Days -5, -4, -3

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARBOPLATIN 10 MG/ML INTRAVENOUS SOLUTION	Medications	700 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Day of Rest

ONC NURSING COMMUNICATION 6

Interval: Until discontinued
 Occurrences: --
 Comments: Days of Rest - Day -2, -1
 No chemotherapy scheduled on these days.

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 mgDose: 25 mg Route: intravenous PRN
Start: S**fixofenadine (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 mgDose: 4 mg Route: intravenous PRN
Start: S**ep|NEPHrine (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 UnitsDose: 500 Units Route: intra-catheter once PRN
Start: S

Instructions:

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

Day 0

Perform every 1 day x1

Line Flush

sodium chloride 0.9 % flush 20 mLDose: 20 mL Route: intravenous PRN
Start: S

Antiemetics

ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9 % 50 mL IVPBDose: 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	No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions:
 Premed for TRANSPLANT

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Premed for TRANSPLANT

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once for 1 dose

 Instructions:
 Premed for TRANSPLANT

Transplant Orders**ONC NURSING COMMUNICATION 55**

Interval: Once Occurrences: --
 Comments: -Oxygen at bedside during transplantation
 -Anaphylaxis precautions at bedside during transplant:

meperidine (DEMEROL) injection 12.5 mg

Dose: 12.5 mg Route: intravenous every 15 min PRN for 3 doses
 Start: S
 Instructions:
 Administer every 15 minutes x 3 doses PRN for each episode of rigors (if rigors persist, call MD).

epINEPhrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg Route: subcutaneous PRN
 Start: S End: S+1

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous PRN
 Start: S End: S+1

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous PRN

Day 1

Perform every 1 day x1

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

Dose: 20 mL Route: intravenous PRN
 Start: S

Antiemetics**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	Medications	12 mg	No	No

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

Antiemetics

**ondansetron ODT (ZOFRAN-ODT)
disintegrating tablet 8 mg**

Dose: 8 mg Route: oral every 8 hours PRN
Start: S+1

Post-Transplant Orders

ONC NURSING COMMUNICATION 56

Interval: Once Occurrences: --
Comments: -Oxygen at bedside 24 hours after transplantation
 -Anaphylaxis precautions at bedside 24 hours after transplant:

meperidine (DEMEROL) injection 12.5 mg

Dose: 12.5 mg Route: intravenous every 15 min PRN for 3 doses
Start: S
Instructions:
Administer every 15 minutes x 3 doses PRN
for each episode of rigors (if rigors persist, call
MD).

**epINEPHrine (ADRENALIN) 1 mg/1 mL injection
0.3 mg**

Dose: 0.3 mg Route: subcutaneous PRN
Start: S End: S+1

**diphenhydrAMINE (BENADRYL) injection 25
mg**

Dose: 25 mg Route: intravenous PRN
Start: S End: S+1

**hydrocortisone sodium succinate
(Solu-CORTEF) injection 100 mg**

Dose: 100 mg Route: intravenous PRN