

## IP CARBOPLATIN (AUC =6) / DOCETAXEL 75 MG/M2

*Types:* ONCOLOGY TREATMENT

*Synonyms:* CARB, PARA, CARBOPLATIN, PARAPLATIN, DOCETAXEL, TAXOTERE, DOCE, TAX, GYN, GYNECOLOGIC, BREAST

Cycle 1	Repeat 1 time	Cycle length: 21 days			
<b>Day 1</b>		Perform every 1 day x1			
<b>Labs</b>					
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>					
Interval: Once      Occurrences: --					
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>					
Interval: Once      Occurrences: --					
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>					
Interval: Once      Occurrences: --					
<input type="checkbox"/> <b>CARCINOEMBRYONIC ANTIGEN (CEA)</b>					
Interval: Once      Occurrences: --					
<input type="checkbox"/> <b>PROSTATE SPECIFIC ANTIGEN</b>					
Interval: Once      Occurrences: --					
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>					
Interval: Once      Occurrences: --					
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b>					
Interval: Once      Occurrences: --					
<b>Nursing Orders</b>					
<b>TREATMENT CONDITIONS 13</b>					
Interval: Until discontinued      Occurrences: --					
Comments:      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Serum Creatinine GREATER than 1.5, Total Bilirubin GREATER than 1.5					
<b>Line Flush</b>					
<b>sodium chloride 0.9 % flush 20 mL</b>					
Dose: 20 mL      Route: intravenous      PRN					
Start: S					
<b>Nursing Orders</b>					
<b>sodium chloride 0.9 % infusion 250 mL</b>					
Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose					
Start: S					
Instructions:      To keep vein open.					
<b>Pre-Medications</b>					
<b>ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB</b>					
Dose: --      Route: intravenous      once over 15 Minutes for 1 dose					
Start: S      End: S 11:30 AM					
<b>Ingredients:</b>					
	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	ONDANSETRON	Medications	16 mg	Yes	No
	HCL (PF) 4 MG/2				

ML INJECTION  
SOLUTION  
DEXAMETHASONE Medications 12 mg Yes 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 End: S 11:30 AM

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg Route: oral once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose 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)	Base	130 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	Base	130 mL	No	Yes
	INTRAVENOUS SOLUTION				

**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

**diphenhydramine (BENADRYL) injection 25 mg**

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

Instructions:  
Administer via slow IV push 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg                      Route: intravenous                      once over 15 Minutes for 1 dose  
Start: S                              End: S 11:45 AM

Instructions:  
Administer 30 minutes prior to chemotherapy.

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

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg                      Route: oral                              once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg                      Route: oral                              once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg                      Route: oral                              once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                              once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

Chemotherapy

**DOCEtaxel (TAXOTERE) 75 mg/m<sup>2</sup> in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m<sup>2</sup>                      Route: intravenous                      once over 60 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOCETAXEL 80 MG/4 ML (20 MG/ML)	Medications	75 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	QS Base	250 mL	No	Yes

**CARBOplatin (PARAplatin) in sodium chloride 0.9 % 250 mL chemo IVPB**

AUC: 6 Use AUC      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 90 Minutes

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

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg      Route: intravenous      PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg      Route: oral      PRN  
Start: S

Supportive Care

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: injection      every 6 hours PRN  
Start: S

Provider Communication

**ONC PROVIDER COMMUNICATION 10**

Interval: Once      Occurrences: --  
Comments:      Please order Growth Factor to begin on Day 2, if indicated.

If patient will be discharged, consider using Neulasta Therapy Plan for Outpatient use.

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  
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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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.

Post-Medications

**TBO-FILGRASTIM INJECTION ORDERABLE solution**

Dose: --                      Route: subcutaneous  
Start: S

Rule-Based Template: RULE ONCBCN  
NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg

Weight <= 72 kg

Modifications:

Set dose to 480 mcg

Set dose to 300 mcg