

IP CARBOPLATIN (AUC=4) / GEMCITABINE 1000 / BEVACIZUMAB 15

Types: ONCOLOGY TREATMENT

Synonyms: CARB, PARA, CARBOPLATIN, PARAPLATIN, GEMCITABINE, GEMZAR, GEM, GYNECOLOGIC, GYN, BEVA, AVAST

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1 Perform every 1 day x1		
Nursing Orders		
TREATMENT CONDITIONS Interval: Until discontinued Occurrences: -- Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.		
Labs		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY Interval: Once Occurrences: --		
<input type="checkbox"/> CANCER ANTIGEN 125 Interval: Once Occurrences: --		
Nursing Orders		
TREATMENT CONDITIONS 5 Interval: Until discontinued Occurrences: -- Comments: HOLD and notify provider if PROTEIN 2+ is detected in Urine.		
Nursing Orders		
TREATMENT CONDITIONS 13 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		
Line Flush		
sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S		
Nursing Orders		
sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open.		
Pre-Medications		

ondansetron (ZOFRAN) 16 mg, 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 11:30 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

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 INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	130 mL	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 % INTRAVENOUS SOLUTION	Base	130 mL	No	Yes

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

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
Start: S
Instructions:
Pre-med for Avastin

diphenhydramine (BENADRYL) tablet 25 mg

Dose: 25 mg Route: oral once for 1 dose
Start: S
Instructions:
Pre-med for Avastin

dexamethasone (DECADRON) injection 10 mg

Dose: 10 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Pre-med for Avastin

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

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

Chemotherapy

gemcitabine (GEMZAR) 1,000 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Administer on Days 1 and 8.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	GEMCITABINE 200 MG/5.26 ML (38 MG/ML)	Medications	1,000 mg/m2	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		No	Yes

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

AUC: 4 Use AUC Route: intravenous once over 60 Minutes for 1 dose
Offset: 1 Hours

Instructions:
Administer on Day 1.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARBOPLATIN 10 MG/ML	Medications		Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM	QS Base	250 mL	Yes	Yes

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

Chemotherapy

bevacizumab (AVASTIN) 15 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 15 mg/kg Route: intravenous once over 30 Minutes for 1 dose
 Start: S End: S 12:15 PM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BEVACIZUMAB 25 MG/ML	Medications	15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

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 Occurrences: --
 discontinued

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 8

Perform every 1 day x1

Nursing Orders

TREATMENT CONDITIONS

Interval: Until discontinued Occurrences: --
Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

Nursing Orders

TREATMENT CONDITIONS 13

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

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) injection 8 mg

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

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

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

Chemotherapy

gemcitabine (GEMZAR) 1,000 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	GEMCITABINE 200 MG/5.26 ML (38 MG/ML)	Medications	1,000 mg/m2	Main Ingredient	Yes
	INTRAVENOUS				

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