

IP CARBOPLATIN (AUC=5) / LIPOSOMAL DOXORUBICIN 30

Types: ONCOLOGY TREATMENT

Synonyms: DOX, CARB, CARBOPLATIN, PARAPLATIN, LIPOSOMAL DOXORUBICIN, DOXIL, PARA, LIPO, DOXO, ADRIA, GYNECOLOGIC, GYN

Cycle 1	Repeat 1 time	Cycle length: 28 days
Day 1	Perform every 1 day x1	
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.		
Labs		
☒ COMPREHENSIVE METABOLIC PANEL		
Interval: Once	Occurrences: --	
☒ CBC WITH PLATELET AND DIFFERENTIAL		
Interval: Once	Occurrences: --	
☒ MAGNESIUM LEVEL		
Interval: Once	Occurrences: --	
☐ CANCER ANTIGEN 125		
Interval: Once	Occurrences: --	
☐ LDH		
Interval: Once	Occurrences: --	
☐ URIC ACID 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	
Line Flush		
dextrose 5% flush syringe 20 mL		
Dose: 20 mL	Route: intravenous	PRN
Start: S		
Instructions:	Administer ONLY for Liposomal Doxorubicin.	
sodium chloride 0.9 % flush 20 mL		

Dose: 20 mL Route: intravenous PRN
 Start: S
 Instructions:
 Do NOT administer with Liposomal
 Doxorubicin.

Nursing Orders

dextrose 5% infusion 250 mL

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

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. Do NOT administer with
 Liposomal Doxorubicin.

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 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 (ZOFTRAN) 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	Base	130 mL	Yes	Yes

SOLUTION
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

Medications

130 mg

Main

Yes

Ingredient

INTRAVENOUS
EMULSION

DEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)

SODIUM
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP
(EXCEL;NON-PVC)

Pre-Medications

☐ **LORazepam (ATIVAN) tablet 1 mg**

Dose: 1 mg

Route: oral

once for 1 dose

Start: S

Chemotherapy

DOXOrubicin liposomal (DOXIL) 30 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 30 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DOXORUBICIN,
PEGYLATED

Medications

30 mg/m2

Main

Yes

Ingredient

LIPOSOMAL 2
MG/ML

INTRAVENOUS
SUSPENSION

DEXTROSE 5 % IN
WATER (D5W)

QS Base

250 mL

Yes

Yes

INTRAVENOUS
SOLUTION

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

AUC: 5 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

Yes

Ingredient

INTRAVENOUS
SOLUTION

SODIUM
CHLORIDE 0.9 %

QS Base

250 mL

Yes

Yes

INTRAVENOUS
SOLUTION

DEXTROSE 5 % IN
WATER (D5W)

QS Base

250 mL

No

Yes

INTRAVENOUS
SOLUTION

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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.

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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

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