

IP CARBOPLATIN / ETOPOSIDE (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: ETOPOSIDE, CARBOPLATIN, LUNG, SCLC, SMALL, PARA, NSCLC, NON, PARAPLATIN, CARBO, TOPOSAR

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: --															
	☐ URINALYSIS, AUTOMATED WITH MICROSCOPY Interval: Once 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.															
	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.															
	Hydration															
	sodium chloride 0.9 % infusion 500 mL Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose Start: S															
	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															
	<table><tr><td>Ingredients:</td><td>Name</td><td>Type</td><td>Dose</td><td>Selected</td><td>Adds Vol.</td></tr><tr><td></td><td>ONDANSETRON</td><td>Medications</td><td>16 mg</td><td>Yes</td><td>No</td></tr></table>				Ingredients:	Name	Type	Dose	Selected	Adds Vol.		ONDANSETRON	Medications	16 mg	Yes	No
	Ingredients:	Name	Type	Dose	Selected	Adds Vol.										
		ONDANSETRON	Medications	16 mg	Yes	No										

HCL (PF) 4 MG/2
ML INJECTION
SOLUTION
DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Medications	12 mg	Yes	No
Base	50 mL	Always	Yes
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 (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

Pre-Medications

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

etoposide (TOPOSAR) 100 mg/m2 in sodium

chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

Dose: 100 mg/m2

Route: intravenous

once over 1 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

Medications

100
mg/m2

Main

Yes

INTRAVENOUS
SOLUTIONSODIUM
CHLORIDE 0.9 % IV
SOLP

QS Base

500 mL

Yes

Yes

(EXCEL;NON-PVC)

Chemotherapy**CARBOplatin (PARAplatin) in dextrose 5% 250 mL chemo IVPB**

AUC: 6 Use AUC

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 1.5 Hours

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**CARBOPLATIN 10
MG/ML

Medications

Main

Yes

INTRAVENOUS
SOLUTIONSODIUM
CHLORIDE 0.9 %

QS Base

250 mL

No

Yes

INTRAVENOUS
SOLUTIONDEXTROSE 5 % IN
WATER (D5W)

QS Base

250 mL

Yes

Yes

INTRAVENOUS
SOLUTION**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 83Interval: 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
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

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) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S End: S 11:15 AM

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

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

☒ **ondansetron (ZOFRAN) 16 mg in dextrose 5%
50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:00 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Medications

16 mg

Main
No
Ingredient

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 1 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

Medications

100

Main Yes

			MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	mg/m2 500 mL	Ingredient Yes	Yes
Day 4		Perform every 1 day x1					
		Post-Medications					
		TBO-FILGRASTIM INJECTION ORDERABLE solution Dose: -- Start: S Route: subcutaneous 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					