

IP CEOP

Types: ONCOLOGY TREATMENT

Synonyms: CEOP, LYMPHOMA, CYCLOPHOSPHAMIDE, VINCRISTINE, ETOPOSIDE, NON, PREDNISONE

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1	Perform every 1 day x1	
Provider Communication		
ONC PROVIDER COMMUNICATION 5		
Interval: Once	Occurrences: --	
Comments:	Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.	
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 type="checkbox"/> LDH		
Interval: Once	Occurrences: --	
<input type="checkbox"/> URIC ACID LEVEL		
Interval: Once	Occurrences: --	
<input type="checkbox"/> ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED		
Interval: 1 time imaging	Occurrences: --	
Nursing Orders		
TREATMENT CONDITIONS 7		
Interval: Once	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.	
Pre-Medications		
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 16 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
	ONDANSETRON	Medications
	HCL (PF) 4 MG/2	
	Dose	Selected
	16 mg	Yes
	Adds Vol.	No

ML INJECTION SOLUTION	DEXAMETHASONE Medications	12 mg	No	No
4 MG/ML INJECTION SOLUTION				
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

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
 Instructions:

Give ONLY if patient had NOT taken their scheduled dose of ORAL dexamethasone on day of chemotherapy treatment.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	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

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
 Start: S End: S 3:00 PM

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	Base	130 mL	Yes	Yes

WATER (D5W) IV
 SOLP (EXCEL;
 NON-PVC)
 SODIUM Base 130 mL No Yes
 CHLORIDE 0.9 % IV
 SOLP
 (EXCEL;NON-PVC)

Chemotherapy

vinCRistine (ONCOVIN) 1.4 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1.4 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:

Max dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRIStINE 1.4 MG/M2

Conditions:

BSA < 1.43 m2

BSA >= 1.43 m2

Modifications:

Set dose to 1.4 mg/m2

Set dose to 2 mg

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

VINCRIStINE 1
 MG/ML
 INTRAVENOUS
 SOLUTION
 SODIUM
 CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION

Medications

1.4
 mg/m2

Main
 Ingredient

Yes

QS Base

50 mL

Yes

Yes

cyclophosphamide (CYTOXAN) 750 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 750 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
 Offset: 45 Minutes

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CYCLOPHOSPHAM
 IDE 1 GRAM
 INTRAVENOUS
 SOLUTION
 SODIUM
 CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION
 DEXTROSE 5 % IN
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

Medications

750
 mg/m2

Main
 Ingredient

Yes

QS Base

250 mL

Yes

Yes

QS Base

250 mL

No

Yes

etoposide (TOPOSAR) 50 mg/m2 in sodium chloride (NON-PVC) 0.9 % 1,000 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 24 Hours for 1 dose
 Offset: 1.75 Hours

Instructions:

Administer through a 0.22 micron filter and non-PVC tubing set. Final concentration: 0.2 mg/mL.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ETOPOSIDE 20
 MG/ML
 INTRAVENOUS
 SOLUTION
 SODIUM
 CHLORIDE 0.9 % IV

Medications

50 mg/m2

Main
 Ingredient

Yes

QS Base

1,000 mL

Yes

Yes

SOLP
(EXCEL;NON-PVC)

predniSONE (DELTASONE) tablet 100 mg

Dose: 100 mg

Route: oral

daily for 5 doses

Start: S

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 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 2

Perform every 1 day x1

Labs

BASIC METABOLIC PANEL

Interval: Once Occurrences: --

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

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

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	Always	Yes

Chemotherapy

**etoposide (TOPOSAR;VEPESID) chemo
capsule 100 mg/m2 (Treatment Plan)**

Dose: 100 mg/m2 Route: oral once for 1 dose
Start: S

Day 3

Perform every 1 day x1

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

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

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	Always	Yes

SOLUTION

Chemotherapy

**etoposide (TOPOSAR;VEPESID) chemo
capsule 100 mg/m2 (Treatment Plan)**

Dose: 100 mg/m2

Route: oral

once for 1 dose

Start: S