

IP CIA

Types: ONCOLOGY TREATMENT

Synonyms: CIA, LEUKEMIA, CLOFARABINE, IDARUBICIN, CYTARABINE, AML

Cycle 1	Repeat 1 time	Cycle length: 28 days
Day 1 Perform every 1 day x1		
Labs		
<input checked="" type="checkbox"/>	BASIC METABOLIC PANEL	Interval: Once Occurrences: --
<input 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: --
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%.
Provider Communication		
	ONC PROVIDER COMMUNICATION	Interval: Once 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.
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

Dose: 100 mL/hr Route: intravenous continuous
Start: S

Supportive Care

**prednisolONE acetate (PRED FORTE) 1 %
ophthalmic suspension 2 drop**

Dose: 2 drop Route: Both Eyes every 4 hours while awake
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

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
(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

ONC NURSING COMMUNICATION 101

Interval: Once

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 20 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**CLOFARABINE 20
MG/20 ML

Medications

20 mg/m2

Main

Yes

INTRAVENOUS
SOLUTIONSODIUM
CHLORIDE 0.9 %

QS Base

250 mL

Yes

Yes

INTRAVENOUS
SOLUTIONDEXTROSE 5 % IN
WATER (D5W)

QS Base

250 mL

No

Yes

INTRAVENOUS
SOLUTION**IDArubicin (IDAmycin) 10 mg/m2 in dextrose 5% 50 mL chemo IVPB**

Dose: 10 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 1.5 Hours

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**IDARUBICIN 1
MG/ML

Medications

10 mg/m2

Main

Yes

INTRAVENOUS
SOLUTIONSODIUM
CHLORIDE 0.9 %

QS Base

No

Yes

INTRAVENOUS
SOLUTIONDEXTROSE 5 % IN
WATER (D5W)

QS Base

50 mL

Yes

Yes

INTRAVENOUS
SOLUTION**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 1,000 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 1.75 Hours

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**CYTARABINE (PF)
2 GRAM/20 ML (100

Medications

1,000
mg/m2

Main

Yes

MG/ML) INJECTION
SOLUTIONSODIUM
CHLORIDE 0.9 %

QS Base

500 mL

No

Yes

INTRAVENOUS
SOLUTIONDEXTROSE 5 % IN
WATER (D5W)

QS Base

500 mL

Yes

Yes

INTRAVENOUS
SOLUTION

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82Interval: 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: --

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: --

ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED

Interval: 1 time imaging 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 (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

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

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

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once
Comments:

Occurrences: --
Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 20 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	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

IDarubicin (IDAmycin) 10 mg/m2 in dextrose 5% 50 mL chemo IVPB

Dose: 10 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 1.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IDARUBICIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	10 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 1.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Day 3

Perform every 1 day x1

Labs

BASIC METABOLIC PANEL

Interval: Once

Occurrences: --

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: --

**ECHOCARDIOGRAM COMPLETE W
CONTRAST AND 3D IF NEEDED**

Interval: 1 time imaging 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 (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

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

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.
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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

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 20 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CLOFARABINE 20
MG/20 ML

Medications

20 mg/m2

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

IDArubicin (IDAMycin) 10 mg/m2 in dextrose 5% 50 mL chemo IVPB

Dose: 10 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 1.5 Hours

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

IDARUBICIN 1
MG/ML

Medications

10 mg/m2

Main

Yes

Ingredient

INTRAVENOUS
SOLUTION

SODIUM
CHLORIDE 0.9 %

QS Base

No

Yes

INTRAVENOUS
SOLUTION

DEXTROSE 5 % IN
WATER (D5W)

QS Base

50 mL

Yes

Yes

INTRAVENOUS
SOLUTION

cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 1,000 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 1.75 Hours

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CYTARABINE (PF)
2 GRAM/20 ML (100
MG/ML) INJECTION

Medications

1,000
mg/m2

Main

Yes

Ingredient

SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Day 4

Perform every 1 day x1

Labs

- BASIC METABOLIC PANEL**
Interval: Once Occurrences: --

- 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: --

- ECHOCARDIOGRAM COMPLETE W
CONTRAST AND 3D IF NEEDED**
Interval: 1 time imaging 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) 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

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

SOLUTION

ondansetron (ZOFRAN) tablet 16 mg

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

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

Nursing Orders

ONC NURSING COMMUNCATION 101

Interval: Once Occurrences: --
Comments: Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 20 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	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

cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 1.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 %	QS Base	500 mL	No	Yes

INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN QS Base 500 mL Yes Yes
WATER (D5W)
INTRAVENOUS
SOLUTION

Day 5

Perform every 1 day x1

Labs

BASIC METABOLIC PANEL

Interval: Once Occurrences: --

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: --

**ECHOCARDIOGRAM COMPLETE W
CONTRAST AND 3D IF NEEDED**

Interval: 1 time imaging 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) 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

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

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

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once Occurrences: --
 Comments: Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

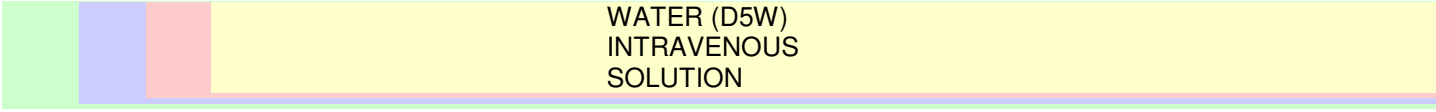
Dose: 20 mg/m2 Route: intravenous once over 1 Hours for 1 dose
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	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

cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 2 Hours for 1 dose
 Offset: 1.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN	QS Base	500 mL	Yes	Yes



WATER (D5W)
INTRAVENOUS
SOLUTION