IP CISPLATIN / ETOPOSIDE W/ CONCURRENT THORACIC RT (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: CIS, SIS, CISPLATIN, PLATINOL, ETOP , ETOPOSIDE, VP16, VP-16, LUNG, SCLC, SMALL CELL, LUNG CANCER

Cycle 1	1		Repeat 1	time	Cycle length: 21 days
	ay 1		. iopoar .		Perform every 1 day x1
		Nursin	ng Orders		· • • • • • • • • • • • • • • • • • • •
			ONC NURSING COMM		
			Interval: Once	Occurrences:	
			Comments:	Verify with the patient th	at a radiation appointment has been scheduled.
	l	abs			
			Interval: Once	Occurrences:	
			Interval: Once	Occurrences:	
			MAGNESIUM LEVEL		
			Interval: Once	Occurrences:	
			Interval: Once	Occurrences:	
			URIC ACID LEVEL		
			Interval: Once	Occurrences:	
			URINALYSIS, AUTOM	ATED WITH	
				0	
			Interval: Once	Occurrences:	
	1	Nursin	ng Orders	0110.0	
			Interval: Once Comments:	Occurrences:	er if ANC LESS than 1000; Platelets LESS than
			Comments.	100,000; CrCI LESS that	
	L	_ine F	lush		
			sodium chloride 0.9 %	flush 20 mL	
			Dose: 20 mL Start: S	Route: intravenous	PRN
		Jurci	ng Orders		
	'	vui Sii	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.		
	F	Pre-H	ydration		
			sodium chloride 0.9 %		
			Dose: 1,000 mL	Route: intravenous	once @ 250 mL/hr for 1 dose
			Instructions:		
			Hydration should be a	dministered prior to	
			chemotherapy.		

Hydration Dose: 100 mL/hr Boose: 100 mL/hr Boose: 100 mL/hr Boose: 100 mL/hr Boose: Boute: intravenous Continuous Start: S Pre-Medications oncansetron (ZOFRAN) 16 mg, dexamethasone CICCADRON) 12 mg in sodium chloride 0.9% S0 mL IVPB Dose: Boose: Boute: intravenous CICCP1 Add SV0. DOSA Start: S End: S 10:00 AM INJECTION SOLUTION DEXAMETHASONE Medications 12 mg Yes No 4 MG/ML INJECTION SOLUTION SO									
Dose: 100 mL/hr Stat:: S Route: intravenous continuous Pre-Medications ondansetron (ZOFRAN) 16 mg, dexamethasone Stat:: S end (State) 1000 Ø (DECADRON) 12 mg in sodium Stat:: S Fod (State) 1000 Dose:		sodium chloride 0.9 %	infusion						
Image: condensetion (ZOFRAN) 15 mg, dexamethasone Image: condensetion (ZOFRAN) 12 mg in sodium chloride 0.9% once over 15 Minutes for 1 dose Start: S End:: 5 10:00 AM Ingredients: Name Type Dose Selected Adds Vol. ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Base 50 mL Always Yes Image: condense conden		Dose: 100 mL/hr		continuous					
Image: condensetion (ZOFRAN) 15 mg, dexamethasone Image: condensetion (ZOFRAN) 12 mg in sodium chloride 0.9% once over 15 Minutes for 1 dose Start: S End:: 5 10:00 AM Ingredients: Name Type Dose Selected Adds Vol. ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Base 50 mL Always Yes Image: condense conden	Pre-Medic	ations							
Dose: Start: S Route: intravenous Erd: S 10:00 AM Once over 15 Minutes for 1 dose Ingredients: Name Type Dose Selected Adds Vol. ONDANSETRON Medications 16 mg Yes No HCL (PF) 4 MG/R2 ML INJECTION SOLUTTON 12 mg Yes No SOLUTTON SOLUTTON SOLUTTON SOLUTTON SOLUTTON Yes No SOLUTTON SOLUTTON SOLUTTON Base 50 mL Always Yes CHLORIDE 0.9 % NITRAVENOUS SOLUTTON Base No Yes SOLUTION DEXTROSE 5 % IN Base No Yes Yes MG/ML INTRAVENOUS SOLUTION SOLUTION Main Yes Start: S Bare Name Type Dose Selected Adds Vol. APREPITANT 7.2 MG/ML Medications 130 mL Yes Yes MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL No Yes CHORDE 0.9 % 500 mL chemo IVPB Once over 1 Hours for 1 dose Offset: 4.5 Hours <td>\checkmark</td> <td colspan="8">ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9%</td>	\checkmark	ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9%							
Ingredients: Name Type Dose Selected Adds Vol. ONDANSETRON Medications 16 mg Yes No HCL (PF) 4 MG/2 ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION 12 mg Yes No MG/ML NUECTION SOLUTION Base 50 mL Always Yes SOLUTION SOLUTION Base 50 mL Always Yes SOLUTION SOLUTION Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Mame Type Dose Selected Adds Vol. MG/ML INTRAVENOUS SOLUTION Base 130 mg Main Yes Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Selected Adds Vol. MG/ML INTRAVENOUS EMULSION ParcePitrANT 7.2 Medications 130 mL Main Yes MG/ML INTRAVENOUS EMULSION Base 130 mL No Yes CISplatin (PLATINOL) 60 mg/m2		Dose:		once over 15	Minutes fo	r 1 dose			
DEXAMETHASONE Medications 12 mg Yes No 4 MG/ML INJECTION SOLUTION Base 50 mL Always Yes SOLUTION SOLUTION SOLUTION Base 50 mL Always Yes SOLUTION SOLUTION DEXTROSE 5 % IN Base 50 mL Always Yes Intravenous SOLUTION DEXTROSE 5 % IN Base No Yes Main Yes No Yes Yes Mon-PVC) 5% 130 mL Main Main Yes Start: S End: S Ingredients: Name Type Dose Selected Adds Vol. MG/ML INTRAVENOUS End: S Ingredient Main Yes Yes MG/ML INTRAVENOUS End: S Ingredient Ingredient Main Yes VEXTROSE 5 % IN Base 130 mL Yes Yes Yes VDP (EXCEL; NON-PVC) SOLUM Base 130 mL No Yes Chloride 0.9 % 500 mL chemo IVPB Dose: 60 mg/m2 Route: intravenous			Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION						
SODIUM Base 50 mL Always Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION No Yes SOLUTION DEXTROSE 5 % IN Base No Yes WATER (DSW) INTRAVENOUS SOLUTION No Yes SOLUTION DEXTROSE 5 % IN Base No Yes @ aprepitant (CINVANTI) 130 mg in dextrose Solution once over 30 Minutes for 1 dose Start: S End: S Type Dose Selected Adds Vol. APREPITANT 7.2 Medications 130 mL Yes Ingredient INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes CISPLATINOL/ 60 mg/m2 in sodium chiloride 0.9 % 500 mL chemo IVPB Order over 1 Hours for 1 dose Offset: 4.5 Hours Offset: 4.5 Hours Yes Ingredients: Name Type Dose Selected Adds Vol. Medications 60 mg/m2 Main <td></td> <td></td> <td>DEXAMETHASONE 4 MG/ML INJECTION</td> <td>Medications</td> <td>12 mg</td> <td>Yes</td> <td>No</td>			DEXAMETHASONE 4 MG/ML INJECTION	Medications	12 mg	Yes	No		
DEXTROSE 5 % IN Base No Yes WATER (D5W) INTRAVENOUS SOLUTION aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB once over 30 Minutes for 1 dose Dose: 130 mg Route: intravenous Start: S once over 30 Minutes for 1 dose Selected Adds Vol. APREPITANT 7.2 Medications 130 mg Main Ingredients Yes MG/ML INTRAVENOUS EMULSION Desc 130 mL Yes DEXTROSE 5 % IN SOLP (EXCEL; NON-PVC) Base 130 mL Yes Yes CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB once over 1 Hours for 1 dose Yes Dose: 60 mg/m2 Route: intravenous SOLP (EXCEL; NON-PVC) once over 1 Hours for 1 dose Yes Ingredients: Name Type (EXCEL; NON-PVC) Dose Selected Adds Vol. CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB once over 1 Hours for 1 dose Offset: 4.5 Hours Ingredients: Name Type Dose Selected Adds Vol. Ingredients: Name Type Ingredient Yes Ingredients: Name SoluTiON SoluTiON Ingredient SOLUTION			SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Always	Yes		
Image: Product (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB once over 30 Minutes for 1 dose Dose: 130 mg Route: intravenous start: S once over 30 Minutes for 1 dose Selected Adds Vol. Mame Type Dose 130 mg Main Yes Ingredients: Name Type Dose Selected Adds Vol. MG/ML INTRAVENOUS Medications 130 mL Main Yes Ingredients: Name Type Dose Selected Adds Vol. Main Yes MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes VEXTROSE 5 % IN Base 130 mL No Yes Yes Yes SOLP (EXCEL; NON-PVC) SOLP Base 130 mL No Yes CISplatin (PLATINOL) 60 mg/m2 in sodium CHoride 0.9 % 500 mL chemo IVPB once over 1 Hours for 1 dose Offset: 4.5 Hours Dose: 60 mg/m2 Route: intravenous once over 1 Hours for 1 dose Offset: 4.5 Hours Ingredient Ingredients: Name CISPLATIN 1 Medications 60 mg/m2 Main			DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base		No	Yes		
Image: Chick of the second state is the second state i	_	aprenitant (CINVANTI							
Ingredients: Name Type Dose Selected Adds Vol. APREPITANT 7.2 Medications 130 mg Main Yes MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM Base 130 mL No Yes CH-ORIDE 0.9 % IV SOLP (EXCEL; NON-PVC) SODIUM Base 130 mL No Yes CH-ORIDE 0.9 % IV SOLP (EXCEL; NON-PVC) SOLP SOLP SOLP Yes Yes CHORIDE 0.9 % IV SOLP Base 130 mL No Yes CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB once over 1 Hours for 1 dose Offset: 4.5 Hours Dose: 60 mg/m2 Route: intravenous once over 1 Hours for 1 dose Ingredient Ingredients: Name Type Dose Selected Adds Vol. MG/ML INTRAVENOUS GOINM QS Base 500 mL Yes Ingredients: Name Type Dose Selected Adds Vol. Ingredien	V	(NON-PVC) 5% 130 m Dose: 130 mg	Route: intravenous	once over 30	Minutes fo	r 1 dose			
INTRAVENOUS EMULSION 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 CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB Dose: 60 mg/m2 Route: intravenous once over 1 Hours for 1 dose Offset: 4.5 Hours Ingredients: Name Type Dose Selected Adds Vol. CISPLATIN 1 Medications 60 mg/m2 Main Yes Ingredient INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM QS Base No Yes			Name APREPITANT 7.2			Main	Yes		
WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM Base 130 mL No Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) Chemotherapy CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB Dose: 60 mg/m2 Route: intravenous once over 1 Hours for 1 dose Offset: 4.5 Hours Ingredients: Name Type Dose Selected Adds Vol. CISPLATIN 1 Medications 60 mg/m2 Main Yes Ingredient CISPLATIN 1 Medications 60 mg/m2 Main Yes Ingredient INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base No Yes			INTRAVENOUS EMULSION			ingrouioni			
SODIUM Base 130 mL No Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) Chemotherapy CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB Dose: 60 mg/m2 Route: intravenous Dose: 60 mg/m2 Route: intravenous CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base No Yes					100	Mar	Mara		
CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB Dose: 60 mg/m2 Route: intravenous Ingredients: Name CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes INTRAVENOUS SOLUTION SODIUM DEXTROSE 5 % IN QS Base No			WATER (D5W) IV SOLP (EXCEL;		130 mL	Yes	Yes		
CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB Dose: 60 mg/m2 Route: intravenous Ingredients: Name CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes INTRAVENOUS SOLUTION SODIUM DEXTROSE 5 % IN QS Base No			WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP	Base					
Dose: 60 mg/m2 Route: intravenous once over 1 Hours for 1 dose Ingredients: Name Type Dose Selected Adds Vol. CISPLATIN 1 MG/ML MG/ML Medications 60 mg/m2 Main Yes INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes INTRAVENOUS SOLUTION DUTION QS Base 500 mL Yes Yes DEXTROSE 5 % IN QS Base No Yes Yes	Chemothe	rapy	WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP	Base					
CISPLATIN 1 Medications 60 mg/m2 Main Yes MG/ML Ingredient INTRAVENOUS SOLUTION SODIUM QS Base 500 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base No Yes		CISplatin (PLATINOL)	WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base					
SODIUM QS Base 500 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base No Yes		CISplatin (PLATINOL) chloride 0.9 % 500 mL	WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) 60 mg/m2 in sodium chemo IVPB Route: intravenous	Base once over 1 F	130 mL Hours for 1	No			
		CISplatin (PLATINOL) chloride 0.9 % 500 mL Dose: 60 mg/m2	WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) 60 mg/m2 in sodium chemo IVPB Route: intravenous Name CISPLATIN 1 MG/ML INTRAVENOUS	Base once over 1 H Offset: 4.5 Hc Type	130 mL Hours for 1 Durs Dose	No dose Selected Main	Yes Adds Vol. Yes		
		CISplatin (PLATINOL) chloride 0.9 % 500 mL Dose: 60 mg/m2	WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) 60 mg/m2 in sodium chemo IVPB Route: intravenous Name CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base once over 1 H Offset: 4.5 Ho Type Medications	130 mL Hours for 1 Dours Dose 60 mg/m2	No dose Selected Main Ingredient	Yes Adds Vol. Yes		

		INTRAVENOUS								
		SOLUTION								
Cher	notherapy									
	etoposide (TOPOSAR) 120 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB									
	Dose: 120 mg/m2	Route: intravenous	once over 2 l	Hours for 1	dose					
	la star sti sa s		Offset: 5.5 H	ours						
	Instructions: Administer through a	0.22 micron filter and								
	non-PVC tubing set.									
	Ingredients:	Name ETOPOSIDE 20	Type Medications	Dose 120	Selected Main	Adds Vol Yes				
		MG/ML	Medications	mg/m2	Ingredien					
		INTRAVENOUS								
		SOLUTION SODIUM	QS Base	500 mL	Yes	Yes				
		CHLORIDE 0.9 % IV	V							
		SOLP (EXCEL;NON-PVC)								
Post-	-Hydration									
	○ sodium chloride 0.9 %	% infusion 1.000 mL								
	Dose: 1,000 mL	Route: intravenous	once @ 500	ml /hr for [·]	l dose					
	· · · · · · · · · · · · · · · · · · ·		Offset: 6.5 H							
	Instructions: Following chemother	anv								
Hem	atology & Oncology Hyperse		a Order							
	ONC NURSING COM	MUNICATION 82	9 0							
	Interval: Until discontinued	Occurrences:								
	Comments:	Grade 1 - MILD Sympto								
		only – itching, flushing, 1. Stop the infusion.	periorbital ede	ma, rash,	or runny no	ose)				
		2. Place the patient on o	continuous ma	nitoring.						
		3. Obtain vital signs.								
			dminister Normal Saline at 50 mL per hour using a new bag and ne venous tubing							
				intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose of						
		intravenous tubing. 5. If greater than or equ								
		intravenous tubing. 5. If greater than or equ Diphenhydramine, adm								
		intravenous tubing. 5. If greater than or equ Diphenhydramine, adm once. 6. If less than 30 minute	inister Diphenl es since the las	nydramine st dose of	25 mg intra Diphenhydi	avenous ramine,				
		 intravenous tubing. 5. If greater than or equ Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenadin 	inister Diphenl es since the las	nydramine st dose of	25 mg intra Diphenhydi	avenous ramine,				
		 intravenous tubing. 5. If greater than or equed to be added to be added	inister Diphenl es since the las e 180 mg orall	nydramine st dose of	25 mg intra Diphenhydi	avenous ramine,				
		 intravenous tubing. 5. If greater than or equed to be a series of the series of th	inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes	nydramine st dose of y and Fan	25 mg intra Diphenhydr notidine 20	avenous ramine, mg				
		 intravenous tubing. 5. If greater than or equ Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenadin intravenous once. 7. Notify the treating ph 8. If no improvement aft (Moderate) or Grade 3 (inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes (Severe).	nydramine st dose of y and Fan , advance	25 mg intra Diphenhydr notidine 20 level of car	avenous ramine, mg e to Grade				
		 intravenous tubing. 5. If greater than or equed to be a series of the series of th	inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes	nydramine st dose of y and Fan , advance s until resc	25 mg intra Diphenhydr notidine 20 level of car	avenous ramine, mg e to Grade				
	ONC NURSING COM	 intravenous tubing. 5. If greater than or equed to be a series of the series of th	inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes	nydramine st dose of y and Fan , advance s until resc	25 mg intra Diphenhydr notidine 20 level of car	avenous ramine, mg e to Grade				
	ONC NURSING COMI Interval: Until	 intravenous tubing. 5. If greater than or equed to be a series of the series of th	inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes	nydramine st dose of y and Fan , advance s until resc	25 mg intra Diphenhydr notidine 20 level of car	avenous ramine, mg e to Grade				
	Interval: Until discontinued	 intravenous tubing. 5. If greater than or equ Diphenhydramine, admionce. 6. If less than 30 minute administer Fexofenadin intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs evo otherwise ordered by co 	inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes overing physici	nydramine st dose of y and Fan , advance s until resc an.	25 mg intra Diphenhydr notidine 20 level of car lution of sy	avenous ramine, mg e to Grade mptoms or				
	Interval: Until	 intravenous tubing. 5. If greater than or equed Diphenhydramine, administer. 6. If less than 30 minuted administer Fexofenading intravenous once. 7. Notify the treating physical structure or Grade 3 (19). 9. Assess vital signs even otherwise ordered by compared by compared	inister Diphenl es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes overing physici	nydramine st dose of y and Fan , advance s until resc an. ardiovascu	25 mg intra Diphenhydr notidine 20 level of car lution of sy	avenous ramine, mg e to Grade mptoms or tory, or				
	Interval: Until discontinued	 intravenous tubing. 5. If greater than or equiding be added by the second by the s	inister Diphen es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes overing physici Symptoms (can ns – shortness	ardiovascu sof breath	25 mg intra Diphenhydr notidine 20 level of car lution of sy	avenous ramine, mg e to Grade mptoms or tory, or , nausea,				
	Interval: Until discontinued	intravenous tubing. 5. If greater than or equ Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenadin intravenous once. 7. Notify the treating ph 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs evo otherwise ordered by co MUNICATION 83 Occurrences: Grade 2 – MODERATE gastrointestinal symptor vomiting, dizziness, diaj back pain)	inister Diphen es since the las e 180 mg orall ysician. er 15 minutes (Severe). ery 15 minutes overing physici Symptoms (can ns – shortness	ardiovascu sof breath	25 mg intra Diphenhydr notidine 20 level of car lution of sy	avenous ramine, mg e to Grade mptoms or tory, or , nausea,				
	Interval: Until discontinued	 intravenous tubing. 5. If greater than or equiding be added by the second by the s	inister Diphenl es since the las e 180 mg orall ysician. ter 15 minutes (Severe). ery 15 minutes overing physici Symptoms (c ms – shortness phoresis, throa	nydramine at dose of y and Fan , advance a until resc an. ardiovascu s of breath at or chest physician	25 mg intra Diphenhydr notidine 20 level of car lution of sy llar, respira , wheezing tightness, a	avenous ramine, mg e to Grade mptoms or tory, or , nausea, abdominal o				

		maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. Aline at 150 mL per hour using a new bag and sone 100 mg intravenous (if patient has allergy be administer Dexamethasone 4 mg line 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or vering physician.
	ONC NURSING COMM		
	Interval: Until discontinued	Occurrences:	
	Comments:	compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrin	a and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new s tubing. sone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once. he (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
_	diphephydrAMINE (BE	ENADRYL) injection 25	
	mg Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
	famotidine (PEPCID) 2 mg	20 mg/2 mL injection 20	
	Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) injecti Dose: 100 mg		PRN
	dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN) injection syringe 0.3 n Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL ng Route: subcutaneous	T PRN
Provide	r Communication		

	ONC PROVIDER COM Interval: Once Comments:	MUNICATION 10 Occurrences: Please order Growth Fa	ctor to begin o	n Day 4, if	indicated.	
		If patient will be discharg Outpatient use.	ged, consider ι	using Neula	asta Thera	py Plan for
Disch	narge Nursing Orders					
	✓ sodium chloride 0.9 %	6 flush 20 mL				
	Dose: 20 mL	Route: intravenous	PRN			
	HEParin, porcine (PF)	iniection 500 Units				
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter nits/mL. Heparin flush for	once PRN			
Days 2,3					Perform e	very 1 day x2
	Flush					
	sodium chloride 0.9 % Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN			
Nurs	ing Orders					
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.		once @ 30 m	L/hr for 1 d	lose	
Pre-N	Aedications					
FIG-1	ondansetron (ZOFRA chloride 0.9 % 50 mL Dose: Start: S	N) 16 mg in sodium IVPB Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Ingredients:	Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Type Medications		Selected Yes	Adds Vol. No
		DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	No	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
Cher	notherapy					
	etoposide (TOPOSAR chloride 0.9 % 500 mL Dose: 120 mg/m2) 120 mg/m2 in sodium chemo IVPB Route: intravenous	once over 1 H		dose	
	Instructions: Administer through a	0.22 micron filter and	Offset: 30 Mir	IULES		

	non-PVC tubing set. Ingredients:	Name ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % IN SOLP (EXCEL;NON-PVC)		Dose 120 mg/m2	Selected Main Ingredient Yes	Adds Vol. Yes Yes
Disch	arge Nursing Orders					
	🗹 sodium chloride 0.9 %	% flush 20 mL				
	Dose: 20 mL	Route: intravenous	PRN			
	HEParin, porcine (PF)) injection 500 Units				
	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.	Route: intra-catheter inits/mL. Heparin flush for Access Device	once PRN			