

IP CISPLATIN / PACLITAXEL / BEVACIZUMAB

Types: ONCOLOGY TREATMENT

Synonyms: SIS, CIS, CISPLATIN, PLATINOL, PACLITAXEL, TAXOL, PAX, TACK

| | | |
|----------------|--|--|
| Cycle 1 | Repeat 1 time | Cycle length: 21 days |
| Day 1 | Perform every 1 day x1 | |
| | Nursing Orders | |
| | TREATMENT CONDITIONS | |
| | Interval: Once | Occurrences: -- |
| | Comments: | Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement. |
| | 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 checked="" type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY | |
| | Interval: Once | Occurrences: -- |
| | <input type="checkbox"/> CANCER ANTIGEN 125 | |
| | Interval: Once | Occurrences: -- |
| | Nursing Orders | |
| | TREATMENT CONDITIONS 5 | |
| | Interval: Once | Occurrences: -- |
| | Comments: | HOLD and notify provider if PROTEIN 2+ is detected in Urinalysis. |
| | 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 | |
| | 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-Hydration | |
| | sodium chloride 0.9 % infusion 1,000 mL | |
| | Dose: 1,000 mL | Route: intravenous once @ 250 mL/hr for 1 dose |

Instructions:
Hydration should be administered prior to chemotherapy.

Pre-Medications

☒ **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy via slow IVP.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:00 AM

Instructions:
Administer 30 minutes prior to chemotherapy

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-------|-----------------|-----------|
| | DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION | Medications | 50 mg | Main Ingredient | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | 50 mL | No | Yes |

☐ **diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☒ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **dexamethasone (DECADRON) injection 20 mg**

Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours

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 10:00 AM

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-------------|-------------|-------|----------|-----------|
| | ONDANSETRON | Medications | 16 mg | Yes | No |

HCL (PF) 4 MG/2
ML INJECTION
SOLUTION
DEXAMETHASONE Medications 12 mg Yes No
4 MG/ML
INJECTION
SOLUTION
SODIUM Base 50 mL Always Yes
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN Base No Yes
WATER (D5W)
INTRAVENOUS
SOLUTION

☒ **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

PACLitaxel (TAXOL) 175 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

Dose: 175 mg/m2

Route: intravenous

once over 3 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.

PACLITAXEL 6
MG/ML

Medications

175
mg/m2

Main

Yes

Ingredient

CONCENTRATE, IN
TRAVENOUS

SODIUM
CHLORIDE 0.9 % IV

QS Base

500 mL

Yes

Yes

SOLP

(EXCEL;NON-PVC)

DEXTROSE 5 % IN
WATER (D5W) IV

QS Base

No

Yes

SOLP (EXCEL;
NON-PVC)

CISplatin (PLATINOL) 50 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 50 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 3.5 Hours

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CISPLATIN 1

Medications

50 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

500 mL

No

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

Chemotherapy

bevacizumab (AVASTIN) 15 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 15 mg/kg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S 12:15 PM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

BEVACIZUMAB 25

Medications

15 mg/kg

Main

Yes

MG/ML

Ingredient

INTRAVENOUS

SOLUTION

SODIUM

QS Base

100 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

Post-Hydration

☐ **sodium chloride 0.9 % infusion 1,000 mL**

Dose: 1,000 mL

Route: intravenous

once @ 250 mL/hr for 1 dose

Offset: 5.5 Hours

Instructions:

Following chemotherapy.

Provider Communication

ONC PROVIDER COMMUNICATION 10

Interval: Once

Occurrences: --

Comments:

Please order Growth Factor to begin on Day 2, if indicated.

If patient will be discharged, consider using Neulasta Therapy Plan for Outpatient use.

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until

Occurrences: --

discontinued

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
 Start: S

Route: intravenous

PRN

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.