Protocol Index

IP CLAG

Types: ONCOLOGY TREATMENT
Synonyms: AML, CLAG, CLADRI, FILGR, CYTOSA, LEUST, ARA

Cycle 1 Repeat 1 time Cycle length: 8 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

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: Once Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: Once Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: Once Occurrences: --

☐ **LDH**
Interval: Once Occurrences: --

☐ **URIC ACID LEVEL**
Interval: Once Occurrences: --

Provider Communication

ONC PROVIDER COMMUNICATION 27
Interval: Once Occurrences: --
Comments: Start neupogen 24 hours before cladribine, if WBC is greater than 20,000, start on day 1.

Nursing Orders

ONC NURSING COMMUNICATION 81
Interval: Once Occurrences: --
Comments: Okay to give neupogen with chemotherapy.

Supportive Care

filgrastim (NEUPOGEN) injection 300 mcg
Dose: 300 mcg Route: subcutaneous once for 1 dose
Start: S
Rule-Based Template: RULE ONCBCN
NEUPOGEN WEIGHT BASED

Conditions:	Modifications:
Weight > 72 kg	Set dose to 480 mcg
Weight <= 72 kg	Set dose to 300 mcg

Day 2 Perform every 1 day x1

Nursing Orders

ONC NURSING COMMUNICATION 81
Interval: Once Occurrences: --
Comments: Okay to give neupogen with chemotherapy.

Supportive Care

filgrastim (NEUPOGEN) injection 300 mcg
Dose: 300 mcg | Route: subcutaneous | once for 1 dose
Start: S
Rule-Based Template: RULE ONCBCN NEUPOGEN WEIGHT BASED

Conditions:	Modifications:
Weight > 72 kg	Set dose to 480 mcg
Weight <= 72 kg	Set dose to 300 mcg

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 (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

Chemotherapy

cladribine (LEUSTATIN) 5 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 5 mg/m2 | Route: intravenous | once over 2 Hours for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLADRIBINE 10 MG/10 ML INTRAVENOUS SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	500 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once | Occurrences: --
Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Nursing Orders

ONC NURSING COMMUNICATION 70

Interval: Once | Occurrences: --
Comments: Begin cytarabine 2 hours after completion of cladribine.

Chemotherapy

cytarabine PF (CYSTOSAR) 2,000 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 2,000 mg/m2 | Route: intravenous | once over 120 Minutes for 1 dose
Offset: 4.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	2,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

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 3,4,5 — Perform every 1 day x3

Nursing Orders

ONC NURSING COMMUNICATION 81
Interval: Once | Occurrences: --
Comments: Okay to give neupogen with chemotherapy.

Supportive Care

filgrastim (NEUPOGEN) injection 300 mcg
Dose: 300 mcg | Route: subcutaneous | once for 1 dose
Start: S
Rule-Based Template: RULE ONCBCN NEUPOGEN WEIGHT BASED

Conditions:	Modifications:
Weight > 72 kg	Set dose to 480 mcg
Weight <= 72 kg	Set dose to 300 mcg

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.

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 (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	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

Chemotherapy

cladribine (LEUSTATIN) 5 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 5 mg/m2 | Route: intravenous | once over 2 Hours for 1 dose
Offset: 30 Minutes

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CLADRIBINE 10 MG/10 ML INTRAVENOUS SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	500 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Once | Occurrences: --
Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Nursing Orders

ONC NURSING COMMUNICATION 70

Interval: Once | Occurrences: --
Comments: Begin cytarabine 2 hours after completion of cladribine.

Chemotherapy

cytarabine PF (CYSTOSAR) 2,000 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 2,000 mg/m2 | Route: intravenous | once over 120 Minutes for 1 dose
Offset: 4.5 Hours

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION	Medications	2,000 mg/m2	Main Ingredient	Yes

SOLUTION					
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes	

Day 6 Perform every 1 day x1

Nursing Orders

ONC NURSING COMMUNICATION 81
Interval: Once Occurrences: --
Comments: Okay to give neupogen with chemotherapy.

Supportive Care

filgrastim (NEUPOGEN) injection 300 mcg
Dose: 300 mcg Route: subcutaneous once for 1 dose
Start: S
Rule-Based Template: RULE ONCBCN NEUPOGEN WEIGHT BASED

Conditions:	Modifications:
Weight > 72 kg	Set dose to 480 mcg
Weight <= 72 kg	Set dose to 300 mcg

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
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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

Chemotherapy

cladribine (LEUSTATIN) 5 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 5 mg/m2 | Route: intravenous | once over 2 Hours for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLADRIBINE 10 MG/10 ML INTRAVENOUS SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	500 mL	Yes	Yes

Nursing Orders

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Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Nursing Orders

ONC NURSING COMMUNICATION 70

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Chemotherapy

cytarabine PF (CYSTOSAR) 2,000 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 2,000 mg/m2 | Route: intravenous | once over 120 Minutes for 1 dose
Offset: 4.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	2,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	250 mL	Yes	Yes

SOLUTION