

# IP CLIA

Types: ONCOLOGY TREATMENT

Synonyms: CLIA, LEUKEMIA, CLADRIBINE, IDARUBICIN, CYTARABINE, ALL

Cycle 1	Repeat 1 time	Cycle length: 28 days
<b>Day 1</b>		Perform every 1 day x1
<b>Labs</b>		
<input checked="" type="checkbox"/>	<b>BASIC METABOLIC PANEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>MAGNESIUM LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>LDH</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>URIC ACID LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</b>	Interval: 1 time imaging Occurrences: --
<b>Provider Communication</b>		
	<b>ONC PROVIDER COMMUNICATION 5</b>	Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.
<b>Provider Communication</b>		
	<b>ONC PROVIDER COMMUNICATION</b>	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.
<b>Line Flush</b>		
	<b>sodium chloride 0.9 % flush 20 mL</b>	Dose: 20 mL Route: intravenous PRN Start: S
<b>Nursing Orders</b>		
	<b>sodium chloride 0.9 % infusion 250 mL</b>	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

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

Dose: 5 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 30 Minutes

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**CLADRIBINE 10  
MG/10 ML

Medications

5 mg/m2

Main

Yes

INTRAVENOUS  
SOLUTIONSODIUM  
CHLORIDE 0.9 %

Base

500 mL

Yes

Yes

INTRAVENOUS  
SOLUTION

## Chemotherapy

**IDarubicin (IDAmycin) 10 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 10 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 60 Minutes

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

Medications

10 mg/m2

Main

Yes

INTRAVENOUS  
SOLUTIONSODIUM  
CHLORIDE 0.9 %

QS Base

50 mL

Yes

Yes

INTRAVENOUS  
SOLUTIONDEXTROSE 5 % IN  
WATER (D5W)

QS Base

50 mL

No

Yes

INTRAVENOUS  
SOLUTION

## Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once

Occurrences: --

Comments:

Begin Cytarabine 4 hours AFTER Cladribine.

## Chemotherapy

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 1,000 mg/m2

Route: intravenous

once over 120 Minutes for 1 dose

Offset: 5 Hours

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**CYTARABINE (PF)  
100 MG/5 ML (20  
MG/ML) INJECTION

Medications

1,000  
mg/m2

Main

Yes

SOLUTION

SODIUM  
CHLORIDE 0.9 %

QS Base

No

Yes

INTRAVENOUS  
SOLUTIONDEXTROSE 5 % IN  
WATER (D5W)

QS Base

250 mL

Yes

Yes

INTRAVENOUS  
SOLUTION

**ONC NURSING COMMUNICATION 82**

Interval: Until discontinued  
Comments:

Occurrences: --

- 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  
Comments:

Occurrences: --

- 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 O<sub>2</sub> 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  
Comments:

Occurrences: --

- Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> 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 O<sub>2</sub> 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 (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	Base	130 mL	No	Yes

(EXCEL;NON-PVC)

Nursing Orders

**ONC NURSING COMMUNICATION 101**

Interval: Once

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

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

Dose: 5 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 30 Minutes

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

CLADRIBINE 10

Medications

5 mg/m2

Main

Yes

MG/10 ML

Ingredient

INTRAVENOUS

SOLUTION

SODIUM

Base

500 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

Chemotherapy

**IDarubicin (IDAmycin) 10 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 10 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 60 Minutes

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

IDARUBICIN 1

Medications

10 mg/m2

Main

Yes

MG/ML

Ingredient

INTRAVENOUS

SOLUTION

SODIUM

QS Base

50 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN

QS Base

50 mL

No

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once

Occurrences: --

Comments:

Begin Cytarabine 4 hours AFTER Cladribine.

Chemotherapy

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 1,000 mg/m2

Route: intravenous

once over 120 Minutes for 1 dose

Offset: 5 Hours

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

CYTARABINE (PF)

Medications

1,000

Main

Yes

100 MG/5 ML (20

mg/m2

Ingredient

MG/ML) INJECTION

SOLUTION

SODIUM

QS Base

No

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN

QS Base

250 mL

Yes

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

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 (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:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
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**

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

Dose: 5 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 30 Minutes

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
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

**Chemotherapy**

**IDarubicin (IDAMycin) 10 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 10 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 60 Minutes

**Ingredients:**

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

**Nursing Orders**

**ONC NURSING COMMUNICATION 2**

Interval: Once

Occurrences: --

Comments:

Begin Cytarabine 4 hours AFTER Cladribine.

Chemotherapy

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 1,000 mg/m2      Route: intravenous      once over 120 Minutes for 1 dose  
Offset: 5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	1,000 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

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	Medications	12 mg	Yes	No

INJECTION  
SOLUTION  
SODIUM Base 50 mL Always Yes  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION  
DEXTROSE 5 % IN Base No Yes  
WATER (D5W)  
INTRAVENOUS  
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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION 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

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

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

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

Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once Occurrences: --  
Comments: Begin Cytarabine 4 hours AFTER Cladribine.

Chemotherapy

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 1,000 mg/m2      Route: intravenous      once over 120 Minutes for 1 dose  
Offset: 5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	1,000 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

**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 (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	Medications	12 mg	Yes	No

SOLUTION 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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION 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

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

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

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

Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once      Occurrences: --  
Comments:      Begin Cytarabine 4 hours AFTER Cladribine.

Chemotherapy

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in**

**dextrose 5% 250 mL chemo IVPB**Dose: 1,000 mg/m<sup>2</sup>

Route: intravenous

once over 120 Minutes for 1 dose

Offset: 5 Hours

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**CYTARABINE (PF)  
100 MG/5 ML (20  
MG/ML) INJECTION  
SOLUTION

Medications

1,000  
mg/m<sup>2</sup>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