

IP CLOFARABINE / CYTARABINE

Types: ONCOLOGY TREATMENT

Synonyms: AML, CYTOSAR, CLOLA, ARA, CLOFAR, LEUKE, LEUK

Cycle 1	Repeat 1 time	Cycle length: 7 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				
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL Interval: Once Occurrences: --				
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL 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: --				
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				
Pre-Medications				
<input checked="" type="checkbox"/> 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	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 (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

Supportive Care

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

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

Chemotherapy

**clofarabine (CLOLAR) 40 mg/m2 in sodium
chloride 0.9 % 250 mL chemo IVPB**

Dose: 40 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Check vitals and monitor blood pressure with
administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	40 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

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 72

Interval: --

Occurrences: --

Comments:

Begin cytarabine 4 hours after start of clofarabine.

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: 4.5 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

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: 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.

Days 2,3,4

Perform every 1 day x3

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	Medications	130 mg	Main Inredient	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

Chemotherapy

clofarabine (CLOLAR) 40 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 40 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Check vitals and monitor blood pressure with administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	40 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

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 72

Interval: -- Occurrences: --
Comments: Begin cytarabine 4 hours after start of clofarabine.

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: 4.5 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

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

Chemotherapy

clofarabine (CLOLAR) 40 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 40 mg/m2 Route: intravenous once over 1 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

Check vitals and monitor blood pressure with administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	40 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

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 72

Interval: --

Occurrences: --

Comments:

Begin cytarabine 4 hours after start of clofarabine.

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: 4.5 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