

# IP CODOX A

Types: ONCOLOGY TREATMENT

Synonyms: CYTOX, NON-HOD, LYMP, MTX, NEOSTA, ADRIA, ONCOV, A, CODOX

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b> Perform every 1 day x1		
<b>Labs</b>		
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</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: --
<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>Nursing Orders</b>		
	<b>TREATMENT CONDITIONS 7</b>	Interval: Once Occurrences: -- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
<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: 125 mL/hr      Route: intravenous      continuous

Instructions:  
Infuse at 125 mL/hr.  
Continue for 24 hours after cyclophosphamide is completed.

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

Chemotherapy

**vinCRIStine (ONCOVIN) 1.4 mg/m2 in sodium**

**chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.4 mg/m<sup>2</sup>      Route: intravenous      once over 10 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:  
 DRUG IS A VESICANT. FATAL IF GIVEN  
 INTRATHECALLY. Maximum dose = 2 mg.  
 Rule-Based Template: RULE ONCBCN  
 VINCRISTINE 1.4 MG/M2

Conditions:  
 BSA < 1.43 m<sup>2</sup>  
 BSA >= 1.43 m<sup>2</sup>

Modifications:  
 Set dose to 1.4 mg/m<sup>2</sup>  
 Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.4 mg/m <sup>2</sup>	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

## Chemotherapy

**DOXOrubicin (ADRIAmycin) 50 mg/m<sup>2</sup> in sodium chloride 0.9% 100 mL chemo IVPB**

Dose: 50 mg/m<sup>2</sup>      Route: intravenous      once over 60 Minutes for 1 dose  
 Offset: 45 Minutes

Instructions:  
 Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	50 mg/m <sup>2</sup>	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

## Chemotherapy

**cyclophosphamide (CYTOXAN) 800 mg/m<sup>2</sup> in dextrose 5% 500 mL chemo IVPB**

Dose: 800 mg/m<sup>2</sup>      Route: intravenous      once over 60 Minutes for 1 dose  
 Offset: 1.75 Hours

Instructions:  
 Rapid infusion may result in dizziness,  
 nasal/sinus congestion, and/or nasal burning.

For doses 1000 mg - 1500 mg, infuse over at  
 least 1 hour.  
 For doses 500 mg - 1 gm, infuse over at least  
 45 minutes.  
 For doses < 500 mg, infuse over at least 30  
 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAM IDE 1 GRAM INTRAVENOUS SOLUTION	Medications	800 mg/m <sup>2</sup>	Main Ingredient	Yes
	SODIUM	QS Base	500 mL	No	Yes

CHLORIDE 0.9 %  
 INTRAVENOUS  
 SOLUTION  
 DEXTROSE 5 % IN QS Base 500 mL Yes Yes  
 WATER (D5W)  
 INTRAVENOUS  
 SOLUTION

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

**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: --

Hydration

**sodium chloride 0.9 % infusion**

Dose: 125 mL/hr Route: intravenous continuous

Instructions:

Infuse at 125 mL/hr.  
 Continue for 24 hours after cyclophosphamide  
 is completed.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg, dexamethasone  
 (DECADRON) 12 mg in sodium chloride 0.9%  
 50 mL IVPB**

Dose: --

Start: S

Route: intravenous once over 15 Minutes for 1 dose

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 (ZOFRAN) 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

Chemotherapy

**cyclophosphamide (CYTOXAN) 800 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 800 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:

Rapid infusion may result in dizziness, nasal/sinus congestion, and/or nasal burning.

For doses 1000 mg - 1500 mg, infuse over at least 1 hour.

For doses 500 mg - 1 gm, infuse over at least 45 minutes.

For doses < 500 mg, infuse over at least 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	800 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

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: --

Labs

**PH, URINALYSIS**

Interval: Conditional Frequency Occurrences: --

Comments: Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every 8 hours until MTX is LESS than 0.05

Nursing Orders

**ONC NURSING COMMUNICATION 64**

Interval: Until discontinued Occurrences: --

Comments: Draw methotrexate level 24 hours, 48 hours and 72 hours AFTER COMPLETION of Methotrexate infusion and send STAT. Continue to obtain Methotrexate level every 24 hours until methotrexate level is less than 0.05.

Check stat urine pH prior to starting methotrexate and then every 8 hours. If urine ph is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Pre-Hydration

**dextrose 5% 1,000 mL with sodium bicarbonate 150 mEq infusion**

Dose: 150 mL/hr Route: intravenous continuous

Start: S

Instructions: Run until methotrexate level is LESS than 0.05 micromol/L.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	1,000 mL	Yes	Yes

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                      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 (ZOFRAN) 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 Base 130 mL No Yes  
 CHLORIDE 0.9 % IV  
 SOLP  
 (EXCEL;NON-PVC)

Chemotherapy

**vinCRiStine (ONCOVIN) 1.4 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.4 mg/m2 Route: intravenous once over 10 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRIStINE 1.4 MG/M2

Conditions:

BSA < 1.43 m2

BSA >= 1.43 m2

Modifications:

Set dose to 1.4 mg/m2

Set dose to 2 mg

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.4 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Chemotherapy

**methotrexate PF 300 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB**

Dose: 300 mg/m2 Route: intravenous once over 60 Minutes for 1 dose  
 Offset: 45 Minutes

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Chemotherapy

**methotrexate PF 2,700 mg/m2 in sodium chloride 0.9% 1,000 mL chemo IVPB**

Dose: 2,700 mg/m2 Route: intravenous once over 23 Hours for 1 dose  
 Offset: 1.75 Hours

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	2,700 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	No	Yes
SODIUM CHLORIDE 0.9 %	QS Base	1,000 mL	Yes	Yes



INTRAVENOUS  
SOLUTION

Supportive Care

**sodium bicarbonate 1 mEq/mL (8.4 %) injection  
50 mEq**

Dose: 50 mEq                      Route: intravenous                      every 8 hours PRN

Start: S

Instructions:

Check urine pH prior to start of methotrexate and then every shift.

If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour.

If still LESS than 7, call Physician.

Continue until methotrexate levels are LESS than 0.05 or patient is discharged.

Day 11

Perform every 1 day x1

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.

Nursing Orders

**ONC NURSING COMMUNICATION 64**

Interval: Until                      Occurrences: --  
discontinued

Comments:                      Draw methotrexate level 24 hours, 48 hours and 72 hours AFTER COMPLETION of Methotrexate infusion and send STAT. Continue to obtain Methotrexate level every 24 hours until methotrexate level is less than 0.05.

Check stat urine pH prior to starting methotrexate and then every 8 hours. If urine ph is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Labs

**METHOTREXATE LEVEL**

Interval: Once                      Occurrences: --

**PH, URINALYSIS**

Interval: Conditional                      Occurrences: --  
Frequency

Comments:                      Draw prior to starting methotrexate and PRN until pH GREATER than 7. Then draw urine pH every day until MTX is LESS than 0.05.

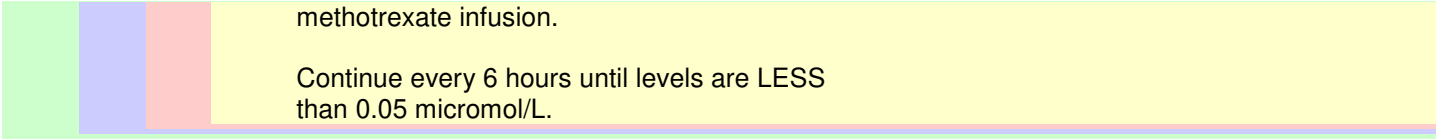
Chemotherapy

**leucovorin IV 50 mg**

Dose: 50 mg                      Route: intravenous                      every 6 hours over 30 Minutes

Instructions:

Begin 24 hours AFTER COMPLETION of



methotrexate infusion.

Continue every 6 hours until levels are LESS than 0.05 micromol/L.