Protocol Index

IP CODOX B

Types: ONCOLOGY TREATMENT
Synonyms: ARA C, NON, LYMPH, VEPES, VP, 16, MESNEX, B, CODOX B, CODOX

Cycle 1 Repeat 1 time Cycle length: 21 days

Day 1 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: --

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%.

Provider Communication

ONC PROVIDER COMMUNICATION
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.

Nursing Orders

TREATMENT CONDITIONS 20
Interval: Once Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; SCr GREATER than 1.2

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: 125 mL/hr | Route: intravenous | continuous

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

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 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

cytarabine PF (CYSTOSAR) 2,000 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 2,000 mg/m2 | Route: intravenous | every 12 hours over 120 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	2,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

Chemotherapy

etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

Dose: 60 mg/m2 | Route: intravenous | once over 1 Hours for 1 dose
Offset: 2.5 Hours

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 500 mg/m2 in sodium chloride 0.9% 100 mL IVPB

Dose: 500 mg/m2 | Route: intravenous | every 4 hours over 15 Minutes for 3 doses
Offset: 3.5 Hours

Instructions:
Give PRIOR to Ifosfamide and then repeat 4 and 8 hours after start of ifosfamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 1,500 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 3.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

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.

Day 2 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.

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

Chemotherapy

cytarabine PF (CYSTOSAR) 2,000 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 2,000 mg/m2 | Route: intravenous | every 12 hours over 120 Minutes for 2 doses

Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	2,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

Chemotherapy

etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

Dose: 60 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 2.5 Hours

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 500 mg/m2 in sodium chloride 0.9% 100 mL IVPB

Dose: 500 mg/m2 Route: intravenous every 4 hours over 15 Minutes for 3 doses
Offset: 3.5 Hours

Instructions:
Give PRIOR to Ifosfamide and then repeat 4 and 8 hours after start of ifosfamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 1,500 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 3.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS	Medications	1,500 mg/m2	Main Ingredient	Yes

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

Day 3 Perform every 1 day x1

Provider Ordering Guidelines

ONC PROVIDER COMMUNICATION 15

Interval: Once Occurrences: --

Comments: If IT chemotherapy is to be administered by IR (interventional radiology) then please place a "Lumbar Puncture by Radiology" order panel under Meds & Orders.

If IT chemotherapy will be administered in clinic via Ommaya reservoir then you do NOT need a Lumbar Puncture order.

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

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 12 mg | Route: intrathecal | once over 5 Minutes for 1 dose

Start: S | End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:	**Name**	**Type**	**Dose**	**Selected**	**Adds Vol.**
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes

Chemotherapy

etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

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

Instructions:

Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	**Name**	**Type**	**Dose**	**Selected**	**Adds Vol.**
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 500 mg/m2 in sodium chloride 0.9% 100 mL IVPB

Dose: 500 mg/m2 | Route: intravenous | every 4 hours over 15 Minutes for 3 doses
Offset: 1.75 Hours

Instructions:

Give PRIOR to Ifosfamide and then repeat 4 and 8 hours after start of ifosfamide.

Ingredients:	**Name**	**Type**	**Dose**	**Selected**	**Adds Vol.**
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base		No	Yes

SOLUTION

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 1,500 mg/m2 | Route: intravenous | once over 60 Minutes for 1 dose
Offset: 1.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Day 4 — 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.

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

Chemotherapy

etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

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

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 500 mg/m2 in sodium chloride 0.9% 100 mL IVPB

Dose: 500 mg/m2 Route: intravenous every 4 hours over 15 Minutes for 3 doses
Offset: 1.75 Hours

Instructions:
Give PRIOR to Ifosfamide and then repeat 4 and 8 hours after start of ifosfamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 1,500 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 1.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS	Medications	1,500 mg/m2	Main Ingredient	Yes

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

Day 5 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.

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

Chemotherapy

etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

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

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Chemotherapy

mesna (MESNEX) 500 mg/m2 in sodium chloride 0.9% 100 mL IVPB

Dose: 500 mg/m2 Route: intravenous every 4 hours over 15 Minutes for 3 doses
Offset: 1.75 Hours

Instructions:
Give PRIOR to Ifosfamide and then repeat 4 and 8 hours after start of ifosfamide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 1,500 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 1.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Day 17 Perform every 1 day x1

Provider Ordering Guidelines

ONC PROVIDER COMMUNICATION 15

Interval: Once Occurrences: --

Comments: If IT chemotherapy is to be administered by IR (interventional radiology) then please place a "Lumbar Puncture by Radiology" order panel under Meds & Orders.

If IT chemotherapy will be administered in clinic via Ommaya reservoir then you do NOT need a Lumbar Puncture order.

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: --

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 12 mg Route: intrathecal once over 5 Minutes for 1 dose

Start: S End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.52 mL	Yes	Yes