

IP DEANGELIS - METHOTREXATE / VINCRISTINE / LEUCOVORIN / PROCARBAZINE (CYCLES 1,3,5)

Types: ONCOLOGY TREATMENT

Synonyms: PRIMARY, CENTRAL, CNS, LYMPH, MTX, ONCOV, METHOT, VINCR, PROCARB, DEANGELIS, DEAN

Cycle 1	Repeat 1 time	Cycle length: 14 days
Day 1		Perform every 1 day x1
Labs		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> MAGNESIUM LEVEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> LDH	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> URIC ACID LEVEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> PHOSPHORUS LEVEL	Interval: Once	Occurrences: --
Labs		
<input checked="" type="checkbox"/> METHOTREXATE LEVEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> PH, URINALYSIS	Interval: Conditional Frequency	Occurrences: -- 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
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 12	Interval: Until discontinued	Occurrences: -- Comments: Careful monitoring of pulmonary function tests should be performed prior to initiation of therapy and periodically during therapy for patients on methotrexate, lomustine, carmustine, aldesleukin, nilutamide, or bleomycin. If patient has not had baseline pulmonary function tests and/or does not have scheduled pulmonary function tests for future doses, place order via order entry.
Provider Communication		

ONC PROVIDER COMMUNICATION 13

Interval: Until discontinued
 Comments:

Occurrences: --

Chest x-rays should be performed prior to initiation of therapy and periodically during therapy for patients on methotrexate, aldesleukin, nilutamide, or bleomycin. If patient has not had baseline chest x-ray and/or does not have scheduled chest x-rays for future doses, place order via order entry.

Provider Communication

ONC PROVIDER COMMUNICATION 14

Interval: Until discontinued
 Comments:

Occurrences: --

No salicylates, NSAIDS or sulfa drugs concurrent or a week before treatment starts.

Nursing Orders

ONC NURSING COMMUNICATION 75

Interval: Until discontinued
 Comments:

Occurrences: --

Please verify that patient has not taken any salicylates, NSAIDS or sulfa drugs concurrent or a week before treatment starts.

Nursing Orders

ONC NURSING COMMUNICATION 64

Interval: Until discontinued
 Comments:

Occurrences: --

Draw methotrexate level for 24 hours, 48 hours and 72 hours AFTER COMPLETION of methotrexate infusion and send STAT. Obtain 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.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Until discontinued
 Comments:

Occurrences: --

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL
 Start: S

Route: intravenous PRN

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL
 Start: S
 Instructions:

Route: intravenous once @ 30 mL/hr for 1 dose

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 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

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

Chemotherapy

procarbazine (MATULANE) chemo capsule 100 mg/m2 (Treatment Plan)

Dose: 100 mg/m2 Route: oral daily for 7 doses
Offset: 30 Minutes

Instructions:
CYTOTOXIC AGENT/DO NOT OPEN OR CRUSH. Swallow whole. Diet Alteration Required: Avoid tyramine containing foods during and up to four weeks after MAOI therapy is discontinued.

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 = 2.8 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 2.8 mg

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

VINCRISTINE 1
MG/ML
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Medications

1.4
mg/m2

Main
Ingredient

QS Base

50 mL

Yes Yes

Chemotherapy

methotrexate PF 2,500 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 2,500 mg/m2 Route: intravenous once over 3 Hours for 1 dose
Offset: 60 Minutes

Instructions:

START methotrexate only after urine pH GREATER than 7.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	2,500 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

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.

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

Chemotherapy

procarbazine (MATULANE) chemo capsule 100 mg/m2 (Treatment Plan)

Dose: 100 mg/m2 Route: oral daily for 7 doses
Offset: 30 Minutes

Instructions:

CYTOTOXIC AGENT/DO NOT OPEN OR CRUSH. Swallow whole. Diet Alteration Required: Avoid tyramine containing foods during and up to four weeks after MAOI therapy is discontinued.

Chemotherapy

leucovorin IV 50 mg

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

Start: S

Instructions:

Give 24 hours AFTER COMPLETION of methotrexate infusion.

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

Day 8

Perform every 1 day x1

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

leucovorin tablet 10 mg

Dose: 10 mg Route: oral 2 times daily for 4 doses

Start: S 9:00 PM

Instructions:

Begin the evening of intrathecal methotrexate administration on Day 8 and continue through Day 11.