

IP DHAP

Types: ONCOLOGY TREATMENT

Synonyms: CISPLATIN, PLATINOL, CIS, CYTARABINE, ARAC, ARA-C, LYMPHOMA, NON-HODGKINS

Cycle 1	Repeat 1 time	Cycle length: 21 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	
	☒ 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: --
	Comments:	.
	Nursing Orders	
	TREATMENT CONDITIONS 7	
	Interval: Once	Occurrences: --
	Comments:	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	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.
	Pre-Hydration	
	sodium chloride 0.9 % infusion 1,000 mL	
	Dose: 1,000 mL	Route: intravenous once @ 250 mL/hr for 1 dose
	Instructions:	Hydration should be administered prior to chemotherapy.
	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 in sodium chloride 0.9% 50 mL IVPB**

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

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

No

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

Instructions:

Administer 30 minutes prior to chemotherapy.

☐ **dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

☒ **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

Instructions:

Administer 30 minutes prior to chemotherapy.

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**dexamethasone (DECADRON) 40 mg in sodium**

chloride 0.9 % IVPB

Dose: 40 mg

Start: S

Ingredients:

Route: intravenous

every 24 hours over 30 Minutes for 4 doses

Name	Type	Dose	Selected	Adds Vol.
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	40 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy**CISplatin (PLATINOL) 100 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2

Route: intravenous

once over 24 Hours for 1 dose

Offset: 4.5 Hours

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	100 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		No	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 83Interval: 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
Start: S

Route: intravenous

PRN

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg
Start: S

Route: oral

PRN

famotidine (PEPCID) 20 mg/2 mL injection 20 mg

Dose: 20 mg
Start: S

Route: intravenous

PRN

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: --

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 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

No

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

Yes

INTRAVENOUS EMULSION

DEXTROSE 5 % IN WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL; NON-PVC)

SODIUM CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP (EXCEL;NON-PVC)

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 3 Hours for 2 doses

Offset: 60 Minutes

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION

Medications

2,000 mg/m2

Main

Yes

SOLUTION

SODIUM CHLORIDE 0.9 % INTRAVENOUS

QS Base

500 mL

Yes

Yes

SOLUTION

DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS

QS Base

500 mL

No

Yes

SOLUTION

Post-Hydration

☐ **sodium chloride 0.9 % infusion 1,000 mL**

Dose: 1,000 mL

Route: intravenous

once @ 250 mL/hr for 1 dose

Offset: 5 Hours

Instructions:

Following chemotherapy.