

## IP EC (100/830)

Types: ONCOLOGY TREATMENT

Synonyms: CYCLO, ADJUVANT, EC, EPIRUBICIN, EPI, CYTOXAN, CYCLOPHOSPHAMIDE, BREAST

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>		Perform every 21 days x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION</b>		
Interval: Until discontinued	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>Labs</b>		
<input checked="" type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</b>	
Interval: Once	Occurrences: --	
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	
Interval: Once	Occurrences: --	
<input checked="" type="checkbox"/>	<b>MAGNESIUM LEVEL</b>	
Interval: Once	Occurrences: --	
<input type="checkbox"/>	<b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>	
Interval: Once	Occurrences: --	
<input type="checkbox"/>	<b>CANCER ANTIGEN 27-29 (CA BR)</b>	
Interval: Once	Occurrences: --	
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 7</b>		
Interval: Until discontinued	Occurrences: --	
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.	
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATON 61</b>		
Interval: Until discontinued	Occurrences: --	
<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



WATER (D5W)  
INTRAVENOUS  
SOLUTION

**cyclophosphamide (CYTOXAN) 830 mg/m2 in  
sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 830 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	830 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

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg      Route: intravenous      PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg      Route: oral      PRN  
Start: S

Supportive Care

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: injection      every 6 hours 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.

Post-Medications

**TBO-FILGRASTIM INJECTION ORDERABLE  
solution**

Dose: --      Route: subcutaneous  
Start: S

Rule-Based Template: RULE ONCBCN  
NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg  
Weight <= 72 kg

Modifications:

Set dose to 480 mcg  
Set dose to 300 mcg