

IP EC (75/600)

Types: ONCOLOGY TREATMENT

Synonyms: 75/600, EC, EPIRUBICIN, EPI, CYTOXAN, CYCLOPHOSPHAMIDE, BREAST

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1		Perform every 1 day x1
Provider Communication		
ONC PROVIDER COMMUNICATION		
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.		
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 type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: Once	Occurrences: --	
<input type="checkbox"/> CANCER ANTIGEN 27-29 (CA BR)		
Interval: Once	Occurrences: --	
Nursing Orders		
TREATMENT CONDITIONS 7		
Interval: Until discontinued	Occurrences: --	
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.	
Provider Communication		
ONC PROVIDER COMMUNICATON 61		
Interval: Until discontinued	Occurrences: --	
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-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 10:00 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

- 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

epirubicin (ELLENC) 75 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:
 Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	EPIRUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN	Base	50 mL	No	Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

**cyclophosphamide (CYTOXAN) 600 mg/m2 in
sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 600 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	600 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