

# IP EOF (EPIRUBICIN / OXALIPLATIN / FLUOROURACIL)

Types: ONCOLOGY TREATMENT

Synonyms: EPIRUB, OXALIP, FLUOR, 5FU, EOF, GAST, COLOR

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b> Perform every 1 day x1		
<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: --		
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 4</b> Interval: Until discontinued Occurrences: -- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than 3 times upper normal limit; or Serum Creatinine GREATER than 1.2		
<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>Line Flush</b>		
<b>dextrose 5% flush syringe 20 mL</b> Dose: 20 mL Route: intravenous PRN Start: S Instructions: Administer ONLY for Oxaliplatin.		
<b>sodium chloride 0.9 % flush 20 mL</b> Dose: 20 mL Route: intravenous PRN Start: S Instructions: Do NOT administer with Oxaliplatin.		
<b>Nursing Orders</b>		
<b>dextrose 5% infusion 250 mL</b> Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open for Oxaliplatin.		

**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. Do NOT administer with Oxaliplatin.

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

Supportive Care

- LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg      Route: intravenous      PRN  
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg  
Start: S

Route: oral

PRN

Chemotherapy

**epirubicin (ELLENCE) 50 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 50 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	50 mg/m2	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

**OXALIPlatin (ELOXATIN) 130 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 130 mg/m2      Route: intravenous      once over 2 Hours for 1 dose  
Offset: 45 Minutes

Instructions:  
Irritant - avoid extravasation. Flush line with D5W before and after oxaliplatin infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	OXALIPLATIN 100 MG/20 ML INTRAVENOUS SOLUTION	Medications	130 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Chemotherapy

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2      Route: intravenous      once over 23 Hours for 1 dose  
Offset: 3 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,200 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

Nursing Orders

Interval: Until discontinued  
Comments:

Occurrences: --

Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

**ONC NURSING COMMUNICATION 12**

Interval: Until discontinued  
Comments:

Occurrences: --

Assess and notify provider for persistent neuropathy (Grade 2).

**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 (ZOFTRAN) 16 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

No

No

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION

Base

No

Yes

**Chemotherapy**

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2      Route: intravenous      once over 23 Hours for 1 dose

Offset: 3 Hours

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,200 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