

IP ESHAP

Types: ONCOLOGY TREATMENT

Synonyms: ESHAP, LYMPH, CYTOSAR, ARAC, ARA, PLATIN, AQ, VEPESI, VP16

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	
	☒ CBC WITH PLATELET AND DIFFERENTIAL	
	Interval: Once	Occurrences: --
	☒ COMPREHENSIVE METABOLIC PANEL	
	Interval: Once	Occurrences: --
	☒ MAGNESIUM LEVEL	
	Interval: Once	Occurrences: --
	☐ LDH	
	Interval: Once	Occurrences: --
	☐ URIC ACID LEVEL	
	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.
	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.
	Hydration	
	sodium chloride 0.9 % infusion	
	Dose: 150 mL/hr	Route: intravenous continuous
	Start: S	
	Instructions:	Infuse at 150 mL/hr.
	Pre-Medications	
	☐ ondansetron (ZOFTRAN) injection 8 mg	
	Dose: 8 mg	Route: intravenous once for 1 dose

Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

☒ **ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg

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

Main
Ingredient

No

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Supportive Care

**methylPREDNISolone sodium succinate
(Solu-MEDROL) injection 500 mg**

Dose: 500 mg

Route: intravenous

once for 1 dose

Chemotherapy

**etoposide (TOPOSAR) 40 mg/m2 in sodium
chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 40 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Administer through a 0.22 micron filter and
non-PVC tubing set.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ETOPOSIDE 20
MG/ML
INTRAVENOUS
SOLUTION

Medications

40 mg/m2

Main
Ingredient

Yes

SODIUM
CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

QS Base

250 mL

Yes

Yes

**CISplatin (PLATINOL) 25 mg/m2 in sodium
chloride 0.9 % 1,000 mL chemo IVPB**

Dose: 25 mg/m2

Route: intravenous

once over 23 Hours for 1 dose

Offset: 1.5 Hours

Instructions:

If greater than 20 mL of cisplatin extravasates,
drug is considered a vesicant. Monitor and
document urine output prior to administration
of cisplatin to determine need for PRN
furosemide.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CISPLATIN 1
MG/ML
INTRAVENOUS
SOLUTION

Medications

25 mg/m2

Main
Ingredient

Yes

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

1,000 mL

Yes

Yes

DEXTROSE 5 % IN QS Base
WATER (D5W)
INTRAVENOUS
SOLUTION

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 83

Interval: 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 Route: intravenous PRN
Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg Route: oral PRN
Start: S

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

Dose: 20 mg Route: intravenous PRN
Start: S

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

Supportive Care

prednisolone acetate (PRED FORTE) 1 % ophthalmic suspension 2 drop

Dose: 2 drop Route: Both Eyes every 4 hours while awake
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.

Days 2,3

Perform every 1 day x2

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) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S

☒ **ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg 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	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Supportive Care

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 500 mg

Dose: 500 mg Route: intravenous once for 1 dose

Chemotherapy

etoposide (TOPOSAR) 40 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 40 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	40 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes

CISplatin (PLATINOL) 25 mg/m2 in sodium chloride 0.9 % 1,000 mL chemo IVPB

Dose: 25 mg/m2 Route: intravenous once over 23 Hours for 1 dose
Offset: 1.5 Hours

Instructions:
If greater than 20 mL of cisplatin extravasates, drug is considered a vesicant. Monitor and document urine output prior to administration of cisplatin to determine need for PRN furosemide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML	Medications	25 mg/m2	Main Inredient	Yes

INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base	1,000 mL	Yes	Yes
INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	QS Base		No	Yes
INTRAVENOUS SOLUTION				

Day 4

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) injection 8 mg**

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

☒ **ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg

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

Main

No

Ingredient

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Supportive Care

methypREDNISolone sodium succinate (Solu-MEDROL) injection 500 mg

Dose: 500 mg

Route: intravenous

once for 1 dose

Chemotherapy

etoposide (TOPOSAR) 40 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 40 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Administer through a 0.22 micron filter and
non-PVC tubing set.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ETOPOSIDE 20
MG/ML
INTRAVENOUS
SOLUTION
SODIUM

Medications

40 mg/m2

Main

Yes

Ingredient

QS Base

250 mL

Yes

Yes

CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

**CISplatin (PLATINOL) 25 mg/m2 in sodium
chloride 0.9 % 1,000 mL chemo IVPB**

Dose: 25 mg/m2 Route: intravenous once over 23 Hours for 1 dose
Offset: 1.5 Hours

Instructions:

If greater than 20 mL of cisplatin extravasates,
drug is considered a vesicant. Monitor and
document urine output prior to administration
of cisplatin to determine need for PRN
furosemide.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Day 5

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) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S

☒ **ondansetron (ZOFTRAN) 16 mg in dextrose 5%
50 mL IVPB**

Dose: 16 mg 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	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Chemotherapy

**methyIPREDNISolone sodium succinate
(Solu-MEDROL) injection 500 mg**

Dose: 500 mg Route: intravenous once for 1 dose

Start: S

Chemotherapy

**cytarabine PF (CYSTOSAR) 2,000 mg/m2 in
dextrose 5% 250 mL chemo IVPB**

Dose: 2,000 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 60 Minutes

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CYTARABINE (PF)
100 MG/5 ML (20
MG/ML) INJECTION
SOLUTION

Medications

2,000
mg/m2

Main
Ingredient

Yes

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

No

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

QS Base

250 mL

Yes

Yes