Protocol Index

IP HIDAC (D1,3,5) / DAUNORUBICIN

Types: ONCOLOGY TREATMENT
Synonyms: HIDAC, ACUTE , AML, MYELO, CYTARA, CYTOSAR, HIGH DOSE, ARAC, ARA, DAUNORUBICIN, DAUNO, CERUBIDINE, CERU

Cycle 1 Repeat 1 time Cycle length: 28 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: --

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: 100 mL/hr Route: intravenous continuous
Start: S

Pre-Medications

☑ **ondansetron (ZOFRAN) 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

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	Medications	12 mg	Yes	No

INJECTION SOLUTION					
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes	

☐ **ondansetron (ZOFRAN) 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 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

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Until discontinued Occurrences: --
Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Provider Communication

ONC PROVIDER COMMUNICATION 54

Interval: Until discontinued Occurrences: --
Comments: Provider to confirm dose for patients over 60 years of age for Cytarabine.

Provider Communication

ONC PROVIDER COMMUNICATION 22

Interval: Until discontinued Occurrences: --
Comments: Please administer cytarabine on days 1, 3, and 5; patient will receive 2 doses of cytarabine exactly 12 hours apart and each dose will run for 3 hours. Patient will not receive any chemotherapy on rest days 2 and 4.

Chemotherapy

DAUNOrubicin (CERUBIDINE) 60 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 60 mg/m2 Route: intravenous once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DAUNORUBICIN 20 MG INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

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.

Day 2 Perform every 1 day x1

Pre-Medications

☑ **ondansetron (ZOFRAN) 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

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION	Medications	16 mg	Yes	No

SOLUTION					
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 (ZOFRAN) 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 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

DAUNOrubicin (CERUBIDINE) 60 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 60 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Start: S

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DAUNORUBICIN 20 MG INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

Day 3 Perform every 1 day x1

Pre-Medications

☑ **ondansetron (ZOFRAN) 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

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 (ZOFRAN) 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 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

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Until discontinued Occurrences: --
Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Provider Communication

ONC PROVIDER COMMUNICATION 54

Interval: Until discontinued Occurrences: --
Comments: Provider to confirm dose for patients over 60 years of age for Cytarabine.

Provider Communication

ONC PROVIDER COMMUNICATION 22

Interval: Until Occurrences: --

discontinued
Comments: Please administer cytarabine on days 1, 3, and 5; patient will receive 2 doses of cytarabine exactly 12 hours apart and each dose will run for 3 hours. Patient will not receive any chemotherapy on rest days 2 and 4.

Chemotherapy

DAUNOrubicin (CERUBIDINE) 60 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 60 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DAUNORUBICIN 20 MG INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Day 5 Perform every 1 day x1

Pre-Medications

☑ **ondansetron (ZOFRAN) 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

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 (ZOFRAN) 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 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

Provider Communication

ONC PROVIDER COMMUNICATION 23

Interval: Until discontinued Occurrences: --
Comments: Schedule prophylactic antibiotics to start on day 5.

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: Until discontinued Occurrences: --
Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Provider Communication

ONC PROVIDER COMMUNICATION 54

Interval: Until discontinued Occurrences: --
Comments: Provider to confirm dose for patients over 60 years of age for Cytarabine.

Provider Communication

ONC PROVIDER COMMUNICATION 22

Interval: Until discontinued Occurrences: --
Comments: Please administer cytarabine on days 1, 3, and 5; patient will receive 2 doses of cytarabine exactly 12 hours apart and each dose will run for 3 hours. Patient will not receive any chemotherapy on rest days 2 and 4.

Chemotherapy

cytarabine PF (CYSTOSAR) 3,000 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 3,000 mg/m2 Route: intravenous every 12 hours over 180 Minutes for 2 doses
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	3,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

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.