

IP HIDAC (D1,3,5)

Types: ONCOLOGY TREATMENT

Synonyms: HIDAC, ACUTE , AML, MYELO, CYTARA, CYTOSAR, HIGH DOSE, ARAC, ARA

Cycles 1 to 4	Repeat 4 times	Cycle length: 28 days																		
Day 1	Perform every 1 day x1																			
Provider Communication																				
<p>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%.</p>																				
Labs																				
<p><input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL Interval: Once Occurrences: --</p>																				
<p><input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL Interval: Once Occurrences: --</p>																				
<p><input checked="" type="checkbox"/> MAGNESIUM LEVEL Interval: Once Occurrences: --</p>																				
<p><input type="checkbox"/> LDH Interval: Once Occurrences: --</p>																				
<p><input type="checkbox"/> URIC ACID LEVEL Interval: Once Occurrences: --</p>																				
Line Flush																				
<p>sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S</p>																				
Nursing Orders																				
<p>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.</p>																				
Hydration																				
<p>sodium chloride 0.9 % infusion Dose: 100 mL/hr Route: intravenous continuous Start: S</p>																				
Pre-Medications																				
<p><input checked="" type="checkbox"/> 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</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ingredients:</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Dose</th> <th style="text-align: left;">Selected</th> <th style="text-align: left;">Adds Vol.</th> </tr> </thead> <tbody> <tr> <td></td> <td>ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION</td> <td>Medications</td> <td>16 mg</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>DEXAMETHASONE 4 MG/ML INJECTION</td> <td>Medications</td> <td>12 mg</td> <td>Yes</td> <td>No</td> </tr> </tbody> </table>			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	Medications	12 mg	Yes	No
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	Medications	12 mg	Yes	No															

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

Provider Communication

ONC PROVIDER COMMUNICATION 54

Interval: Until Occurrences: --
discontinued
Comments: Provider to confirm dose for patients over 60 years of age for Cytarabine:
Push F2:25419.

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

**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 3 Hours for 2 doses

Start: S

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

Day of Rest

ONC NURSING COMMUNICATION 48

Interval: Until Occurrences: --
discontinued

Comments: Rest day for the patient.

Day 3

Perform every 1 day x1

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

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	Base		No	Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

ondansetron (ZOFTRAN) 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: Push F2:25419.

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 3 Hours for 2 doses
Start: S

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 4

Perform every 1 day x1

Day of Rest

ONC NURSING COMMUNICATION 48

Interval: Until discontinued
 Occurrences: --
 Comments: Rest day for the patient.

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: Push F2:25419.

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 3 Hours for 2 doses

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Ingredients:	Name	Type	Dose	Selected	Adds Vol.
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	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