

IP LIPOSOMAL DOXORUBICIN (EVERY 28 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: DOXIL, LIP DOXO, DOCKS, LIPOSOMAL, BREAST, OVARIAN, GYNECOLOGIC

Cycle 1	Repeat 1 time	Cycle length: 28 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"/>	CARCINOEMBRYONIC ANTIGEN (CEA)	
Interval: Once	Occurrences: --	
<input type="checkbox"/>	PROSTATE SPECIFIC ANTIGEN	
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.	
Line Flush		
dextrose 5% flush syringe 20 mL		
Dose: 20 mL	Route: intravenous	PRN
Start: S		
Instructions:	Administer ONLY for Liposomal Doxorubicin.	

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Instructions:

Do NOT administer with Liposomal Doxorubicin.

Nursing Orders

dextrose 5% infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open for Liposomal Doxorubicin.

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 Liposomal Doxorubicin.

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
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Medications

16 mg

Main
No
Ingredient

Base

50 mL

Always
Yes

Chemotherapy

DOXOrubicin liposomal (DOXIL) 40 mg/m2 in dextrose 5% 250 mL chemo IVPB

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

Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Initial infusion infused at 1 mg/min, but no faster than 1 hour to prevent infusion related reactions. Monitor vital signs 15 minutes, 30 minutes, and one hour into infusion, then hourly for remainder of initial infusion. Stay with patient for the first 15 minutes of the initial infusion. If patient tolerated initial infusion, subsequent infusions to be given over 1 hour.

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**DOXORUBICIN,
PEGYLATED
LIPOSOMAL 2

Medications

40 mg/m2

Main
Yes
Ingredient

MG/ML
INTRAVENOUS
SUSPENSION
DEXTROSE 5 % IN QS Base 250 mL Yes Yes
WATER (D5W)
INTRAVENOUS
SOLUTION

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.