Protocol Index

IP MINICHOP

Types: ONCOLOGY TREATMENT
Synonyms: CHOP, LYMPHOMA, CYLCOPHOSPHAMIDE, CYCLO, VINCRISTINE, DOXO, DOXORUBICIN, NON, PREDNISONE

Cycle 1 Repeat 1 time Cycle length: 21 days

Day 1 Perform every 1 day x1

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: --

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%.

Provider Communication

ONC PROVIDER COMMUNICATION
Interval: Once 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.

Chemotherapy

predniSONE (DELTASONE) tablet 40 mg
Dose: 40 mg Route: oral daily for 5 doses
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 10
Interval: Once Occurrences: --
Comments: Please order Growth Factor to begin on Day 2, if indicated.

If patient will be discharged, consider using Neulasta Therapy Plan for Outpatient use.

Nursing Orders

TREATMENT CONDITIONS 7
Interval: Once 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 1,000 mL
Dose: 1,000 mL Route: intravenous once @ 100 mL/hr for 1 dose
Start: S

Pre-Medications

☑ **ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**
Dose: -- Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 10:30 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	20 mg	No	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

☐ **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

Breakthrough Anti-Emetics

☐ **promethazine (PHENERGAN) tablet 12.5 mg**

Dose: 12.5 mg Route: oral every 4 hours PRN
Start: S

☑ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: intravenous every 4 hours PRN
Start: S

☐ **promethazine (PHENERGAN) IVPB**

Dose: 25 mg Route: intravenous every 4 hours PRN over 30 Minutes
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML INJECTION SOLUTION	Medications	25 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Nursing Orders

ONC NURSING COMMUNCATION 101

Interval: Once Occurrences: --
Comments: Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

vinCRIStine (ONCOVIN) 1 mg in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 1 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light, VESICANT. Flat dose of 1 mg.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 60 Minutes

Instructions:
Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	No	Yes

SOLUTION

cyclophosphamide (CYTOXAN) 400 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 400 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 1.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	400 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	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.