

# IP NAB-PACLITAXEL

Types: ONCOLOGY TREATMENT

Synonyms: ABRAXANE , NAB-PACLITAXEL, NAP, ABE, BRAX, BREAST

| Cycle 1                             | Repeat 1 time   | Cycle length: 21 days  |          |           |      |          |           |             |             |       |      |    |
|-------------------------------------|---|--|----------|-----------|------|----------|-----------|-------------|-------------|-------|------|----|
| <b>Day 1</b> Perform every 1 day x1 |   |  |          |           |      |          |           |             |             |       |      |    |
| <b>Labs</b>                         |   |  |          |           |      |          |           |             |             |       |      |    |
| <input checked="" type="checkbox"/> | <b>COMPREHENSIVE METABOLIC PANEL</b>                        | Interval: Once Occurrences: --   |          |           |      |          |           |             |             |       |      |    |
| <input checked="" type="checkbox"/> | <b>CBC WITH PLATELET AND DIFFERENTIAL</b>                   | Interval: Once Occurrences: --   |          |           |      |          |           |             |             |       |      |    |
| <input checked="" type="checkbox"/> | <b>MAGNESIUM LEVEL</b>                                      | Interval: Once Occurrences: --   |          |           |      |          |           |             |             |       |      |    |
| <input type="checkbox"/>            | <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>                | Interval: Once Occurrences: --   |          |           |      |          |           |             |             |       |      |    |
| <input type="checkbox"/>            | <b>CANCER ANTIGEN 27-29 (CA BR)</b>                         | Interval: Once Occurrences: --   |          |           |      |          |           |             |             |       |      |    |
| <b>Nursing Orders</b>               |   |  |          |           |      |          |           |             |             |       |      |    |
|                                     | <b>TREATMENT CONDITIONS 7</b>                               | Interval: Until discontinued Occurrences: --   |          |           |      |          |           |             |             |       |      |    |
|                                     | Comments:   | HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.   |          |           |      |          |           |             |             |       |      |    |
| <b>Line Flush</b>                   |   |  |          |           |      |          |           |             |             |       |      |    |
|                                     | <b>sodium chloride 0.9 % flush 20 mL</b>                    | Dose: 20 mL Route: intravenous PRN Start: S  |          |           |      |          |           |             |             |       |      |    |
| <b>Nursing Orders</b>               |   |  |          |           |      |          |           |             |             |       |      |    |
|                                     | <b>sodium chloride 0.9 % infusion 250 mL</b>                | Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S  |          |           |      |          |           |             |             |       |      |    |
|                                     | Instructions:   | To keep vein open.   |          |           |      |          |           |             |             |       |      |    |
| <b>Pre-Medications</b>              |   |  |          |           |      |          |           |             |             |       |      |    |
| <input checked="" type="radio"/>    | <b>ondansetron (ZOFRAN) injection 8 mg</b>                  | Dose: 8 mg Route: intravenous once for 1 dose Start: S End: S 11:15 AM   |          |           |      |          |           |             |             |       |      |    |
| <input type="radio"/>               | <b>ondansetron (ZOFRAN) tablet 16 mg</b>                    | Dose: 16 mg Route: oral once for 1 dose Start: S   |          |           |      |          |           |             |             |       |      |    |
| <input type="radio"/>               | <b>ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB</b> | Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose Start: S End: S 11:00 AM  |          |           |      |          |           |             |             |       |      |    |
|                                     | <b>Ingredients:</b>   | <table border="1"><thead><tr><th>Name</th><th>Type</th><th>Dose</th><th>Selected</th><th>Adds Vol.</th></tr></thead><tbody><tr><td>ONDANSETRON</td><td>Medications</td><td>16 mg</td><td>Main</td><td>No</td></tr></tbody></table> | Name     | Type      | Dose | Selected | Adds Vol. | ONDANSETRON | Medications | 16 mg | Main | No |
| Name                                | Type  | Dose   | Selected | Adds Vol. |      |          |           |             |             |       |      |    |
| ONDANSETRON                         | Medications   | 16 mg  | Main     | No        |      |          |           |             |             |       |      |    |

HCL (PF) 4 MG/2  
ML INJECTION  
SOLUTION  
DEXTROSE 5 % IN Base 50 mL Always Yes  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

Pre-Medications

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose  
Start: S  
Instructions:  
Administer via slow IV push 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose  
Start: S End: S 11:45 AM  
Instructions:  
Administer 30 minutes prior to chemotherapy.

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

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose  
Offset: 0 Hours  
Instructions:  
Administer 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg Route: oral once for 1 dose  
Offset: 0 Hours  
Instructions:  
Administer 30 minutes prior to chemotherapy.

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

Dose: 20 mg Route: intravenous once for 1 dose  
Offset: 0 Hours  
Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose  
Offset: 0 Hours  
Instructions:  
Administer 30 minutes prior to chemotherapy.

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose

Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

Chemotherapy

**NAB-PACLItaxel (ABRAXANE) chemo infusion  
260 mg/m2 (Treatment Plan)**

Dose: 260 mg/m2      Route: intravenous      once over 30 Minutes for 1 dose  
Offset: 30 Minutes

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.

Post-Medications

**TBO-FILGRASTIM INJECTION ORDERABLE  
solution**

Dose: --      Route: subcutaneous  
Start: S

Rule-Based Template: RULE ONCBCN  
NEUPOGEN WEIGHT BASED

Conditions:  
Weight > 72 kg  
Weight <= 72 kg

Modifications:  
Set dose to 480 mcg  
Set dose to 300 mcg