

## IP TAC

*Types:* ONCOLOGY TREATMENT

*Synonyms:* TAC, DOCETAXEL, DOXORUBICIN, CYCLOPHOSPHAMIDE, TAXOTERE, CYTOXAN, ADRIAMYCIN, SITE, PYSCH, DOCKS, AGE, BREAST

| Cycle 1 |                                                                                                                                                                                                                                                                                                                                                         | Repeat 1 time                                                                 | Cycle length: 21 days |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|
| Day 1   |                                                                                                                                                                                                                                                                                                                                                         | Perform every 1 day x1                                                        |                       |
| Cycle 1 | Day 1                                                                                                                                                                                                                                                                                                                                                   | Labs                                                                          |                       |
|         |                                                                                                                                                                                                                                                                                                                                                         | <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: --       |
|         | Provider Communication                                                                                                                                                                                                                                                                                                                                  |                                                                               |                       |
|         | <b>ONC PROVIDER COMMUNICATION</b>                                                                                                                                                                                                                                                                                                                       |                                                                               |                       |
|         | 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. |                                                                               |                       |
|         | Nursing Orders                                                                                                                                                                                                                                                                                                                                          |                                                                               |                       |
|         | <b>TREATMENT CONDITIONS 7</b>                                                                                                                                                                                                                                                                                                                           |                                                                               |                       |
|         | Interval: Until discontinued                                                                                                                                                                                                                                                                                                                            |                                                                               | Occurrences: --       |
|         | Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.                                                                                                                                                                                                                                                                  |                                                                               |                       |
|         | Provider Communication                                                                                                                                                                                                                                                                                                                                  |                                                                               |                       |
|         | <b>ONC PROVIDER COMMUNICATION</b>                                                                                                                                                                                                                                                                                                                       |                                                                               |                       |
|         | Interval: Until discontinued                                                                                                                                                                                                                                                                                                                            |                                                                               | Occurrences: --       |
|         | Comments: Order Neulasta as an OP Therapy Plan                                                                                                                                                                                                                                                                                                          |                                                                               |                       |
|         | Provider Communication                                                                                                                                                                                                                                                                                                                                  |                                                                               |                       |
|         | <b>ONC PROVIDER COMMUNICATON 61</b>                                                                                                                                                                                                                                                                                                                     |                                                                               |                       |
|         | Interval: Until discontinued                                                                                                                                                                                                                                                                                                                            |                                                                               | 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.

**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

End: S 10:00 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

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

☒ **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

Yes

Ingredient

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 36**

Interval: Until

Occurrences: --

discontinued

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

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

Dose: 50 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 30 Minutes

**Instructions:**

Protect from light; VESICANT

**Ingredients:**

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

**cyclophosphamide (CYTOXAN) 500 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 500 mg/m2

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 45 Minutes

**Ingredients:**

| <b>Name</b>                                      | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|--------------------------------------------------|-------------|-------------|-----------------|------------------|
| CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION     | Medications | 500 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              |

**DOCEtaxel (TAXOTERE) 75 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m2

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 105 Minutes

**Instructions:**

Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light. Administer 1 HOUR after completion of cyclophosphamide infusion.

**Ingredients:**

| <b>Name</b>                                          | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|------------------------------------------------------|-------------|-------------|-----------------|------------------|
| DOCETAXEL 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION | Medications | 75 mg/m2    | Main Ingredient | Yes              |
| SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)        | QS Base     | 250 mL      | Yes             | Yes              |
| DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base     | 250 mL      | No              | Yes              |

**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