

# IP TC

*Types:* ONCOLOGY TREATMENT

*Synonyms:* TC, DO CETAXEL, CYCLOPHOSPHAMIDE, CYTOXAN, TAXOTERE, CITE, TACK, SIGHT, PYSCH, BREAST

Cycle 1		Repeat 1 time	Cycle length: 21 days			
Day 1		Perform every 1 day x1				
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: --				
Nursing Orders						
	<b>TREATMENT CONDITIONS 13</b>					
	Interval: Until discontinued	Occurrences: --				
	Comments:	HOLD and notify provider if ANC LESS than 1500, Platelets LESS than 100,000, AST/ALT GREATER than 1.5 upper normal limit				
Line Flush						
	<b>sodium chloride 0.9 % flush 20 mL</b>					
	Dose: 20 mL	Route: intravenous	PRN			
	Start: S					
Nursing Orders						
	<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.				
Pre-Medications						
<input checked="" type="checkbox"/>	<b>ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 20 mg in sodium chloride 0.9% 50 mL IVPB</b>					
	Dose: --	Route: intravenous	once over 15 Minutes for 1 dose			
	Start: S	End: S 11:30 AM				
	<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
		ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
		DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	20 mg	Yes	No
		SODIUM	Base	50 mL	Always	Yes

CHLORIDE 0.9 %  
 INTRAVENOUS  
 SOLUTION  
 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                              End: S 11:30 AM

**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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION				
	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

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) 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

**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: 30 Minutes

Instructions:  
Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	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

**cyclophosphamide (CYTOXAN) 600 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 600 mg/m2                      Route: intravenous                      once over 60 Minutes for 1 dose  
Offset: 2 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL; NON-PVC)	QS Base	250 mL	Yes	Yes

CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION  
DEXTROSE 5 % IN QS Base      250 mL      No      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

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: Until                      Occurrences: --  
discontinued

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)  
1. Stop the infusion.  
2. Place the patient on continuous monitoring.  
3. Obtain vital signs.  
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.  
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.  
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.  
7. Notify the treating physician.  
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).  
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: Until                      Occurrences: --  
discontinued

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)  
1. Stop the infusion.  
2. Notify the CERT team and treating physician immediately.  
3. Place the patient on continuous monitoring.  
4. Obtain vital signs.  
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.  
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.

7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 4**

Interval: Until discontinued

Occurrences: --

Comments:

- Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)
1. Stop the infusion.
  2. Notify the CERT team and treating physician immediately.
  3. Place the patient on continuous monitoring.
  4. Obtain vital signs.
  5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
  6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
  7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
  8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
  9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
  10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg                      Route: oral                      PRN  
Start: S

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

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg                      Route: intravenous                      PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**

Dose: 0.3 mg                      Route: subcutaneous                      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