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## IP TCH (LOADING DOSE ONLY)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* TCH, TRASTUZUMAB, CARBOPLATIN, DOCETAXEL, TAXOTERE, HERCEPTIN, PARAPLATIN, PARA, TACKS, DOS, CAR, TRASH, 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 29)</b> Interval: Once      Occurrences: --		
Provider Communication			
	<b>ONC PROVIDER COMMUNICATION</b> Interval: Until discontinued 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 9</b> Interval: Until discontinued Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Creatinine Clearance LESS than 60		
Provider Communication			
	<b>ONC PROVIDER COMMUNICATION</b> Interval: Until discontinued Comments: Order Neulasta as an OP Therapy Plan		
Line Flush			
	<b>sodium chloride 0.9 % flush 20 mL</b> Dose: 20 mL      Route: intravenous      PRN Start: S		
Nursing Orders			

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL

Route: intravenous

Start: S

Instructions:

To keep vein open.

once @ 30 mL/hr for 1 dose

## Pre-Medications

**ondansetron (ZOFRAN) 16 mg, dexamethasone** **(DECADRON) 20 mg in sodium chloride 0.9%****50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**

ONDANSETRON

Medications

Yes

No

HCL (PF) 4 MG/2

ML INJECTION

SOLUTION

DEXAMETHASONE

Medications

Yes

4 MG/ML

INJECTION

SOLUTION

SODIUM

Base

50 mL

Always

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN

Base

No

WATER (D5W)

INTRAVENOUS

SOLUTION

 **ondansetron (ZOFRAN) 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

Medications

Main

Yes

MG/ML

INTRAVENOUS

EMULSION

DEXTROSE 5 % IN

Base

130 mL

Yes

Yes

WATER (D5W) IV

SOLP (EXCEL;

NON-PVC)

SODIUM

Base

130 mL

No

Yes

CHLORIDE 0.9 % IV

SOLP

(EXCEL;NON-PVC)

## Pre-Medications

**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

Medications

Main

Yes

		MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base Base	130 mL 130 mL	Yes No	Ingredient Yes Yes
Pre-Medications						
	<input checked="" type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) injection 25 mg</b>	Dose: 25 mg Start: S Instructions: Administer via slow IV push 30 minutes prior to chemotherapy.	Route: intravenous	once for 1 dose		
	<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB</b>	Dose: 50 mg Start: S Instructions: Administer 30 minutes prior to chemotherapy.	Route: intravenous End: S 11:45 AM	once over 15 Minutes for 1 dose		
	<b>Ingredients:</b>	<b>Name</b> DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	<b>Type</b> Medications Base	<b>Dose</b> 50 mg 50 mL 50 mL	<b>Selected</b> Main Ingredient	<b>Adds Vol.</b> No Yes Yes
	<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) tablet 25 mg</b>	Dose: 25 mg Instructions: Administer 30 minutes prior to chemotherapy.	Route: oral	once for 1 dose Offset: 0 Hours		
	<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) tablet 50 mg</b>	Dose: 50 mg Instructions: Administer 30 minutes prior to chemotherapy.	Route: oral	once for 1 dose Offset: 0 Hours		
	<input checked="" type="checkbox"/> <b>famotidine (PEPCID) 20 mg/2 mL injection 20 mg</b>	Dose: 20 mg Instructions: Administer 30 minutes prior to chemotherapy.	Route: intravenous	once for 1 dose Offset: 0 Hours		
	<input type="checkbox"/> <b>famotidine (PEPCID) tablet 20 mg</b>	Dose: 20 mg Instructions:	Route: oral	once for 1 dose Offset: 0 Hours		

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.

**Nursing Orders**

**ONC NURSING COMMUNICATION 36**

Interval: Until discontinued

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

**Chemotherapy**

**trastuzumab (HERCEPTIN) 8 mg/kg in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 8 mg/kg

Route: intravenous

once over 90 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

NOT compatible with D5W.

**Ingredients:**

**Name**  
TRASTUZUMAB  
150 MG  
INTRAVENOUS  
SOLUTION  
SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

**Type**

Medications

**Dose**

8 mg/kg

**Selected**

Main Ingredient Yes

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: 2 Hours

Instructions:

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

**Ingredients:**

**Name**  
DOCETAXEL 80  
MG/4 ML (20  
MG/ML)  
INTRAVENOUS  
SOLUTION  
SODIUM  
CHLORIDE 0.9 % IV  
SOLP  
(EXCEL;NON-PVC)  
DEXTROSE 5 % IN  
WATER (D5W) IV  
SOLP (EXCEL;  
NON-PVC)

**Type**

Medications

**Dose**

75 mg/m2

**Selected**

Main Ingredient Yes

Yes

**CARBOplatin (PARAplatin) in sodium chloride 0.9 % 250 mL chemo IVPB**

AUC: 6 Use AUC

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 3 Hours

**Ingredients:**

**Name**  
CARBOPLATIN 10  
MG/ML  
INTRAVENOUS  
SOLUTION

**Type**

Medications

**Dose**

**Selected**

Main Ingredient Yes

		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
Supportive Care						
		<input type="radio"/> <b>LORAZepam (ATIVAN) injection 1 mg</b>				
		Dose: 1 mg	Route: intravenous	PRN		
		Start: S				
		<input type="radio"/> <b>LORAZepam (ATIVAN) tablet 1 mg</b>				
		Dose: 1 mg	Route: oral	PRN		
		Start: S				
Supportive Care						
		<input type="radio"/> <b>promethazine (PHENERGAN) injection 12.5 mg</b>				
		Dose: 12.5 mg	Route: injection	every 6 hours PRN		
		Start: S				
Hematology & Oncology Hypersensitivity Reaction Standing Order						
		<b>ONC NURSING COMMUNICATION 82</b>				
	Interval: Until discontinued		Occurrences: --			
	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.				
	<b>ONC NURSING COMMUNICATION 83</b>					
	Interval: Until discontinued		Occurrences: --			
	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				



**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