

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"/> COMPREHENSIVE METABOLIC PANEL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL	Interval: Once	Occurrences: --
<input checked="" type="checkbox"/> MAGNESIUM LEVEL	Interval: Once	Occurrences: --
<input type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY	Interval: Once	Occurrences: --
<input type="checkbox"/> CANCER ANTIGEN 27-29 (CA BR)	Interval: Once	Occurrences: --
Provider Communication		
ONC PROVIDER COMMUNICATION	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		
TREATMENT CONDITIONS 9	Interval: Until discontinued	Occurrences: --
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Creatinine Clearance LESS than 60	
Provider Communication		
ONC PROVIDER COMMUNICATION	Interval: Until discontinued	Occurrences: --
Comments:	Order Neulasta as an OP Therapy Plan	
Line Flush		
sodium chloride 0.9 % flush 20 mL	Dose: 20 mL	Route: intravenous PRN
	Start: S	
Nursina 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) 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
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
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

- ☐ **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
INTRAVENOUS
EMULSION

Medications

130 mg

Main

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

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

130 mg

Main

Yes

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

Type

Dose

Selected

Adds Vol.

TRASTUZUMAB
150 MG
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Medications

8 mg/kg

Main
Ingredient

Yes

QS Base

250 mL

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

Type

Dose

Selected

Adds Vol.

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)

Medications

75 mg/m2

Main
Ingredient

Yes

QS Base

250 mL

Yes

Yes

QS Base

250 mL

No

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

Type

Dose

Selected

Adds Vol.

CARBOPLATIN 10
MG/ML
INTRAVENOUS
SOLUTION

Medications

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

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 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.

ONC NURSING COMMUNICATION 83

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

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
 Comments:

Occurrences: --

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