IP TCH (MAINTENANCE REGIMEN)

Types: ONCOLOGY TREATMENT

Synonyms: TRASTUZUMAB, DOCETAXEL, CARBOPLATIN, TCH, PARAPLATIN, TAXOTERE, TACKS, CAR, DOS,

TRASH, BREAST

Cycle 2 and Bey	and	Panaet 1 time	Cycle length: 21 days			
Day 1	ona	Repeat 1 time	Cycle length: 21 days	Perform every 1 day x1		
Labs				, , , , , , , , , , , , , , , , , , , ,		
	☑ COMPREHE	NSIVE METABOLIC PAN	IEL			
	Interval: Onc	e Occurrences:				
	∠ CBC WITH F	PLATELET AND DIFFERE	NTIAL			
	Interval: Onc	e Occurrences:				
	✓ MAGNESIUI	M LEVEL				
	Interval: Onc	e Occurrences:				
		S, AUTOMATED WITH				
	Interval: Onc					
	☐ CANCER AN	NTIGEN 27-29 (CA BR)				
	Interval: Onc	e Occurrences:				
Provi	der Communicatio					
	ONC PROVI Interval: Unti	DER COMMUNICATION Occurrences:				
	discontinued					
	Comments:		n Fraction prior to Cycle 1. Ejecti	on Fraction: ***% on ***		
		entry. A basel recommended cardiac toxicit	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.			
N						
Nursi	ng Orders TREATMEN	T CONDITIONS 9				
	Interval: Unti	Occurrences:				
	discontinued Comments:		tify provider if ANC LESS than 10	nn: Platelete I ESS than		
	Comments.		tinine Clearance LESS than 60	oo, r latelets LLoo than		
Provi	der Communicatio	n				
		NG COMMUNICATION 9				
	Interval: Comments:	Occurrences: Order Neulasi previously.	 a as an Outpatient Therapy Plan	if not already done		
Line I	Flush					
	sodium chlo Dose: 20 mL Start: S	oride 0.9 % flush 20 mL Route: intrave	nous PRN			
Nursi	na Orders					

	sodium chloride 0.9 % infusion 250 mL								
	Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous	once @ 30 m	L/hr for 1 d	ose				
Pre-N	Medications								
) 16 mg, dexamethason sodium chloride 0.9%	ne						
	Dose: Start: S	End: S 11:30 AM	once over 15 Minutes for 1 dose						
	Ingredients:		Type Medications	Dose 16 mg		Adds Vol. 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 (ZOFRAN)	□ ondansetron (ZOFRAN) tablet 16 mg							
	Dose: 16 mg Start: S	Route: oral End: S 11:30 AM	once for 1 dos	se					
	☐ dexamethasone (DECADRON) tablet 12 mg								
	Dose: 12 mg Start: S	Route: oral	once for 1 dos	se					
	aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB								
	Dose: 130 mg Start: S	Route: intravenous once over 30 Minutes for 1 dose End: S							
	Ingredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS	Type Medications	Dose 130 mg		Adds Vol. Yes			
		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-N	Medications								
	aprepitant (CINVANTI) (NON-PVC) 5% 130 mL Dose: 130 mg Start: S		once over 30	Minutes fo	r 1 dose				
	Ingredients:	Name APREPITANT 7.2	Type Medications	Dose 130 mg		Adds Vol. Yes			

		MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Ingredient Yes	Yes			
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base '	130 mL	No	Yes			
Pre-l	Medications	(- , ,							
	diphenhydrAMINE (B	ENADRYL) injection 25							
	 ✓ mg Dose: 25 mg Start: S Instructions: Administer via slow I chemotherapy. 	Route: intravenous V push 30 minutes prior to	once for 1 dos	Se					
	_ diphenhydrAMINE (B								
	sodium chloride 0.9 %		. –						
	Dose: 50 mg Start: S Instructions:	Route: intravenous End: S 11:45 AM	once over 15 Minutes for 1 dose						
	Ingredients:	es prior to chemotherapy. Name DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	Type Medications	Dose 50 mg		Adds Vol. No			
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	Yes	Yes Yes			
	SOLUTION								
		ENADRYL) tablet 25 mg							
	Dose: 25 mg	Route: oral	once for 1 dos Offset: 0 Hour						
	Instructions:		Oliset. U Houl	5					
	Administer 30 minute	es prior to chemotherapy.							
	☐ diphenhydrAMINE (B	ENADRYL) tablet 50 mg							
	Dose: 50 mg	Route: oral	once for 1 dos						
	Instructions: Administer 30 minute	es prior to chemotherapy.	Offset: 0 Hou	rs					
		20 mg/2 mL injection 20							
	™ mg Dose: 20 mg	Route: intravenous	once for 1 dos Offset: 0 Hou						
	Instructions: Administer 30 minute	es prior to chemotherapy							
	Administer 30 minutes prior to chemotherapy. □ famotidine (PEPCID) tablet 20 mg								
		<u> </u>	ongo for 1 day	20					
	Dose: 20 mg Instructions:	Route: oral	Offset: 0 Hou						

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 Occurrences: -discontinued Comments: Administer chemotherapy in listed order unless otherwise indicated. Chemotherapy trastuzumab (HERCEPTIN) 6 mg/kg in sodium chloride 0.9 % 250 mL chemo IVPB Dose: 6 mg/kg Route: intravenous once over 30 Minutes for 1 dose Offset: 30 Minutes Instructions: NOT compatible with D5W. Ingredients: Type Dose Selected Adds Vol. Name Medications 6 mg/kg **TRASTUZUMAB** Main Yes 150 MG Ingredient **INTRAVENOUS** SOLUTION QS Base 250 mL SODIUM Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION 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: 1 Hours Instructions: Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light. Ingredients: Selected Adds Vol. Name **Type Dose** DOCETAXEL 80 Medications 75 mg/m2 Main Yes MG/4 ML (20 Ingredient MG/ML) **INTRAVENOUS** SOLUTION SODIUM QS Base 250 mL Yes Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) DEXTROSE 5 % IN QS Base 250 mL No Yes WATER (D5W) IV SOLP (EXCEL: NON-PVC) 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: 2 Hours

INTRAVENOUS

Selected Adds Vol. Ingredients: Name Type Dose

> CARBOPLATIN 10 Medications MG/ML

Main Yes Ingredient

SOLUTION

SODIUM QS Base 250 mL CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 250 mL No

Yes

Yes

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

O 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 Comments:

Occurrences: --

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 Start: S Route: intravenous

PRN

otart. C

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: Modifications:
Weight > 72 kg Set dose to 480 mcg
Weight <= 72 kg Set dose to 300 mcg