Protocol Index

IP VAD

Types: ONCOLOGY TREATMENT
Synonyms: VINCRISTINE, VIN, VAD, DOXORUBICIN, ADRIAMYCIN, MM, DOXO, ADRIA, MYELOMA, MULTIPLE

Cycle 1 Repeat 1 time Cycle length: 21 days

Day 1 Perform every 1 day x1

Provider Communication

ONC PROVIDER COMMUNICATION
Interval: -- 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.

Labs

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: Daily Occurrences: --

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: Daily Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: Daily Occurrences: --

☐ **CANCER ANTIGEN 125**
Interval: Daily Occurrences: --

☐ **LDH**
Interval: Daily Occurrences: --

☐ **URIC ACID LEVEL**
Interval: Daily Occurrences: --

Nursing Orders

TREATMENT CONDITIONS 7
Interval: -- Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

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 (ZOFRAN) 16 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	12 mg	No	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

☐ **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 11:30 AM
Instructions:
Give ONLY if patient had NOT taken their scheduled dose of ORAL dexamethasone on day of chemotherapy treatment.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	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

☐ **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

☐ **palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM

☐ **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 Ingredient	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

Chemotherapy

dexamethasone (DECADRON) tablet 40 mg

Dose: 40 mg Route: oral every 24 hours
Start: S

Pre-Medications

○ **LORazepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral once for 1 dose
Start: S

Chemotherapy

DOXOrubicin (ADRIAmycin) 9 mg/m2, vinCRIStine (ONCOVIN) 0.4 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB

Dose: -- Route: intravenous every 24 hours over 24 Hours for 4 doses
Offset: 30 Minutes

Instructions:
VESICANT; Protect from light

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	9 mg/m2	Always	Yes
VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	0.4 mg/m2	Always	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: Until discontinued Occurrences: --
Comments: Discontinue IV.

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.