

# IP VIP

Types: ONCOLOGY TREATMENT

Synonyms: VIP, ETOP, TOPO, VP16, VP-16, VEPESID, IFOS, IFEX, MESNA, MESNEX, CISP, PLATINOL, CIS

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b> Perform every 1 day x1		
Labs		
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>MAGNESIUM LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>LDH</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>URIC ACID LEVEL</b>	Interval: Once Occurrences: --
Labs		
	<b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>	Interval: Once Occurrences: --
Nursing Orders		
	<b>TREATMENT CONDITIONS 7</b>	Interval: Once Occurrences: -- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
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-Hydration		
	<b>sodium chloride 0.9 % infusion 1,000 mL</b>	Dose: 1,000 mL Route: intravenous once @ 500 mL/hr for 1 dose Start: S
Hydration		
	<b>sodium chloride 0.9 % infusion</b>	Dose: 100 mL/hr Route: intravenous continuous Start: S
Pre-Medications		
<input checked="" type="checkbox"/>	<b>ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB</b>	Dose: -- Route: intravenous once over 30 Minutes for 1 dose

Start: S

**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	Yes	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**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

**famotidine (PEPCID) injection 20 mg**

Dose: 20 mg      Route: intravenous      once for 1 dose  
Start: S  
Instructions:  
Premed for Taxol.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg      Route: intravenous      once for 1 dose  
Start: S  
Instructions:  
Premed for Taxol.

**Chemotherapy**

**etoposide (TOPOSAR) 75 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 30 Minutes

Instructions:  
Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
SODIUM	QS Base	250 mL	Yes	Yes

CHLORIDE 0.9 % IV  
SOLP  
(EXCEL;NON-PVC)

**mesna (MESNEX) 240 mg/m2 in sodium  
chloride 0.9 % 100 mL chemo IVPB**

Dose: 240 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 1.5 Hours

Instructions:

Administer PRIOR to Ifosfamide dose.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	240 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

**ifosfamide (IFEX) 1,200 mg/m2 in sodium  
chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2      Route: intravenous      once over 2 Hours for 1 dose  
Offset: 1.75 Hours

Ingredients:

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,200 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

**CISplatin (PLATINOL) 20 mg/m2 in sodium  
chloride 0.9 % 100 mL chemo IVPB**

Dose: 20 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 3.75 Hours

Ingredients:

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

**mesna (MESNEX) 240 mg/m2 in sodium  
chloride 0.9 % 100 mL chemo IVPB**

Dose: 240 mg/m2      Route: intravenous      every 4 hours over 15 Minutes for 2 doses  
Offset: 7.75 Hours

Instructions:

Administer 4 and 8 hours AFTER Ifosfamide

dose.	Name	Type	Dose	Selected	Adds Vol.
<b>Ingredients:</b>	MESNA 100 MG/ML	Medications	240	Main	Yes
	INTRAVENOUS SOLUTION		mg/m2	Ingredient	
	SODIUM CHLORIDE 0.9 %	QS Base	100 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	100 mL	No	Yes
	INTRAVENOUS SOLUTION				

#### Supportive Care

##### **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg

Route: injection

every 4 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



Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Days 2,3,4,5

Perform every 1 day x4

Labs

**URINALYSIS, AUTOMATED WITH MICROSCOPY**

Interval: Once Occurrences: --

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 (ZOFTRAN) 16 mg, dexamethasone**

**(DECADRON) 12 mg in sodium chloride 0.9%**

**50 mL IVPB**

Dose: -- Route: intravenous once over 30 Minutes for 1 dose  
Start: S

**Ingredients:**

<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	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

**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:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
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

**famotidine (PEPCID) injection 20 mg**

Dose: 20 mg                      Route: intravenous                      once for 1 dose  
 Start: S  
 Instructions:  
     Premed for Taxol.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once for 1 dose  
 Start: S  
 Instructions:  
     Premed for Taxol.

Chemotherapy

**etoposide (TOPOSAR) 75 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m2                      Route: intravenous                      once over 1 Hours for 1 dose  
 Offset: 30 Minutes

Instructions:  
     Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 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

**mesna (MESNEX) 240 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 240 mg/m2                      Route: intravenous                      once over 15 Minutes for 1 dose  
 Offset: 1.5 Hours

Instructions:  
     Administer PRIOR to Ifosfamide dose.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	240 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

**ifosfamide (IFEX) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2                      Route: intravenous                      once over 2 Hours for 1 dose  
 Offset: 1.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,200 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W)	QS Base	500 mL	No	Yes

INTRAVENOUS SOLUTION

**CISplatin (PLATINOL) 20 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 20 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 3.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

**mesna (MESNEX) 240 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 240 mg/m2      Route: intravenous      every 4 hours over 15 Minutes for 2 doses  
Offset: 7.75 Hours

Instructions:  
Administer 4 and 8 hours AFTER Ifosfamide dose.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	240 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

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.