

IP/OP EMA-CO

Types: ONCOLOGY TREATMENT

Synonyms: EMACO, EM, EMA/CO, EMA-CO, GESTATIONAL, TROPHO, ETOPOSIDE, METH, ACTINOM, DACTINO, VINCRISTINE, CYCLOPH, CYTOX, GYN

Cycle 1	Repeat 1 time	Cycle length: 14 days
Day 1		Perform every 1 day x1
Labs		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: Once Occurrences: --		
<input type="checkbox"/> LDH		
Interval: Once Occurrences: --		
<input type="checkbox"/> URIC ACID LEVEL		
Interval: Once Occurrences: --		
Nursing Orders		
TREATMENT CONDITIONS 13		
Interval: Until discontinued Occurrences: --		
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Serum Creatinine GREATER than 1.5, Total Bilirubin GREATER than 1.5		
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		
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 16 mg, 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		
Ingredients:		
Name	Type	Dose
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg
	Selected	Adds Vol.
	Yes	No
	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 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

etoposide (TOPOSAR) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 100 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	100 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes

DACTINomycin (COSMEGEN) 500 mcg in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 0.5 mg Route: intravenous once over 10 Minutes for 1 dose
 Offset: 90 Minutes

Instructions:
 VESICANT - AVOID EXTRAVASATION.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DACTINOMYCIN 0.5 MG INTRAVENOUS SOLUTION	Medications	0.5 mg	Main Ingredient	Yes

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

DACTINomycin (COSMEGEN) chemo injection 500 mcg

Dose: 500 mcg Route: intravenous once for 1 dose
Offset: 90 Minutes

methotrexate PF 300 mg/m2 in sodium chloride 0.9% 1,000 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous once over 12 Hours for 1 dose
Offset: 120 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes

leucovorin tablet 15 mg

Dose: 15 mg Route: oral every 12 hours for 4 doses
Offset: 26 Hours

Instructions:
Administer every 12 hours for 4 doses starting 24 hours after the start of methotrexate.

leucovorin 15 mg in sodium chloride 0.9% 100 mL chemo IVPB

Dose: 15 mg Route: intravenous every 12 hours over 30 Minutes for 4 doses
Offset: 26 Hours

Instructions:
Administer every 12 hours for 4 doses starting 24 hours after the start of methotrexate.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	15 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	99.25 mL	Yes	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.

Day 2

Perform every 1 day x1

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, dexamethasone

**(DECADRON) 12 mg in sodium chloride 0.9 %
50 mL IVPB**

Dose: -- Route: intravenous once over 15 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

ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
Start: S

dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg Route: oral once for 1 dose
Start: S

Chemotherapy

**etoposide (TOPOSAR) 100 mg/m2 in sodium
chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 100 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	100 mg/m2	Main Ingredient	Yes
	SODIUM	QS Base	250 mL	Yes	Yes

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

DACTINomycin (COSMEGEN) 500 mcg in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 0.5 mg Route: intravenous once over 10 Minutes for 1 dose
Offset: 90 Minutes

Instructions:
VESICANT - AVOID EXTRAVASATION.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DACTINOMYCIN 0.5 MG	Medications	0.5 mg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	Base	50 mL	No	Yes
	INTRAVENOUS SOLUTION				

DACTINomycin (COSMEGEN) chemo injection 500 mcg

Dose: 500 mcg Route: intravenous once for 1 dose
Offset: 90 Minutes

Day 8 (Outpatient)

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

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Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

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Interval: -- Occurrences: --

- Comments:
- o Magnesium (Normal range 1.6 to 2.6mEq/L)
 - o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
 - o Protocol applies only to same day lab value.
 - o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
 - o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
 - o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
 - o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
 - o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
 - o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 13

Interval: -- Occurrences: --
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; SCr GREATER than 1.5, Total Bilirubin GREATER than 1.5

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, 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
- | 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 |
- 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
Instructions:
For OUTPATIENT use only.

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

vinCRistine (ONCOVIN) 1 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Max dose = 2 mg.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

cyclophosphamide (CYTOXAN) 600 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 600 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	600 mg/m2	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

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.