

## OP 5FU CONTINUOUS INFUSION (CONCURRENT WITH RADIATION)

Types: ONCOLOGY TREATMENT

Synonyms: 5FU, FLUOROURACIL, CONTINUOUS, CADD

Cycles 1 to 5	Repeat 5 times	Cycle length: 7 days
<b>Day 1</b>		Perform every 1 day x1
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<b>TREATMENT CONDITIONS 39</b>		
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		
<b>TREATMENT CONDITIONS 40</b>		
Interval: -- Occurrences: --		
Comments: 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 4**

Interval: -- Occurrences: --  
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than 3 times upper normal limit; or Serum Creatinine GREATER than 1.2

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.

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**  
 Dose: 1 mg Route: intravenous once PRN  
 Start: S

**LORAZepam (ATIVAN) tablet 1 mg**  
 Dose: 1 mg Route: oral once PRN  
 Start: S

Pre-Medications

**ondansetron (ZOFTRAN) injection 8 mg**  
 Dose: 8 mg Route: intravenous once for 1 dose  
 Start: S End: S 11:15 AM

**ondansetron (ZOFTRAN) tablet 16 mg**  
 Dose: 16 mg Route: oral once for 1 dose  
 Start: S

**ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**  
 Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Pre-Medications

**palonosetron (ALOXI) injection 0.25 mg**  
 Dose: 0.25 mg Route: intravenous once for 1 dose  
 Start: S End: S 1:45 PM

**dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% IVPB**  
 Dose: 12 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S

Inredients:	Name	Type	Dose	Selected	Adds Vol.
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DEXAMETHASONE Medications	12 mg	Main Ingredient	Yes
4 MG/ML INJECTION SOLUTION			
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base 50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base 50 mL	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

**netupitant-palonosetron (AKYNZEO) 300-0.5 mg per capsule 1 capsule**

Dose: 1 capsule      Route: oral      once for 1 dose  
 Start: S      End: S 5:30 PM  
 Instructions:  
 Administer approximately 1 hour prior to chemotherapy.

**ondansetron (ZOFTRAN), dexamethasone (DECADRON) in sodium chloride 0.9% 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
 Start: S      End: S 11:42 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications		Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications		Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

Chemotherapy

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium**

**chloride 0.9 % 100 mL chemo infusion -  
AMBULATORY PUMP**

Dose: 1,200 mg/m<sup>2</sup>      Route: intravenous      once over 96 Hours for 1 dose  
Offset: 30 Minutes

Instructions:  
Nurses to chart as GIVEN on the MAR.  
Administer via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Medications	1,200 mg/m <sup>2</sup>	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 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 5**

Perform every 1 day x1

Appointment Requests

**ONC PUMP DISCONNECT APPOINTMENT  
REQUEST**

Interval: --      Occurrences: --

Discharge Nursing Orders

**DISCONNECT CONTINUOUS INFUSION PUMP**

Interval: --      Occurrences: --  
Comments:      Disconnect patient from continuous infusion pump.

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.