

## OP 5FU / MITOMYCIN (CONCURRENT WITH RADIATION)

Types: ONCOLOGY TREATMENT

Synonyms: FLOUR, 5FU, 5-FU, FLUOROURACIL, MITOMYACIN, MITOMYACIN-C, MITO, ANAL

<b>Cycles 1,2</b>	Repeat 2 times	Cycle length: 28 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

**ONC NURSING COMMUNICATION 37**

Interval: -- Occurrences: --  
Comments: Verify with the patient that a radiation appointment has been scheduled.

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 (ZOFRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose  
Start: S End: S 11:15 AM

**ondansetron (ZOFRAN) tablet 16 mg**

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

**ondansetron (ZOFRAN) 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

Chemotherapy

**mitomycin (MUTAMYCIN) 10 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 10 mg/m2 Route: intravenous once over 20 Minutes for 1 dose

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MITOMYCIN 20 MG INTRAVENOUS SOLUTION	Medications	10 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

Offset: 30 Minutes

**fluorouracil (ADRUCIL) 4,000 mg/m2 in sodium chloride 0.9 % 100 mL chemo infusion - AMBULATORY PUMP**

Dose: 4,000 mg/m2      Route: intravenous      once over 96 Hours for 1 dose  
Offset: 50 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	4,000 mg/m2	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

**ONC NURSING COMMUNICATION 76**

Interval: --      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.

**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.

Post-Medications

**pegfilgrastim (NEULASTA) on-body injection  
kit 6 mg**

Dose: 6 mg

Route: subcutaneous

once for 1 dose

Start: S

End: S

Instructions:

Apply to intact, nonirritated skin on the back of  
the arm or abdomen (only use the back of the  
arm if caregiver is available to monitor  
On-body injection status).