

# OP ABVD

Types: ONCOLOGY TREATMENT

Synonyms: ABVD, LYMPHOMA, LIMP, DOXORUBICIN, BLEOMYCIN, VINBLASTINE, DACARBAZINE, HODGKINS

<b>Cycles 1 to 3</b>	Repeat 3 times	Cycle length: 28 days
<b>Day 1</b>	Perform every 14 days x1	
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>LDH</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>URIC ACID LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</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

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.

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

**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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Main	Yes
	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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION				
	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	Medications		Yes	No
	INTRAVENOUS SOLUTION				
	DEXAMETHASONE 4 MG/ML	Medications		Yes	No
	INJECTION SOLUTION				
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

Breakthrough Anti-Emetics

**diphenhydrAMINE (BENADRYL) tablet 12.5-25 mg**

Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
 Start: S

**diphenhydrAMINE (BENADRYL) injection 12-25 mg**

Dose: 12-25 mg      Route: intravenous      every 4 hours PRN  
 Start: S

**promethazine (PHENERGAN) tablet 12.5-25 mg**

Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
 Start: S

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: intravenous      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 25 mg      Route: intravenous      every 4 hours PRN over 30 Minutes  
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML INJECTION SOLUTION	Medications	25 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

**LORazepam (ATIVAN) tablet 0.5-1 mg**

Dose: 0.5-1 mg      Route: oral      every 4 hours PRN  
Start: S

**LORazepam (ATIVAN) injection 0.5-1 mg**

Dose: 0.5-1 mg      Route: intravenous      every 4 hours PRN  
Start: S

**haloperidol (HALDOL) tablet 0.5-1 mg**

Dose: 0.5-1 mg      Route: oral      every 4 hours PRN  
Start: S

**haloperidol lactate (HALDOL) injection 0.5-1 mg**

Dose: 0.5-1 mg      Route: intravenous      every 4 hours PRN  
Start: S

**metoclopramide (REGLAN) tablet 10 mg**

Dose: 10 mg      Route: oral      every 4 hours PRN  
Start: S

**metoclopramide (REGLAN) injection 10 mg**

Dose: 10 mg      Route: intravenous      every 4 hours PRN  
Start: S

**dexamethasone (DECADRON) tablet 10 mg**

Dose: 10 mg      Route: oral      every 12 hours PRN  
Start: S

**dexamethasone (DECADRON) injection 10 mg**

Dose: 10 mg      Route: intravenous      every 12 hours PRN  
Start: S

Nursing Orders

**ONC NURSING COMMUNICATION 36**

Interval: --      Occurrences: --  
Comments:      Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

**DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 25 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:

Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	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

**vinBLASStine (VELBAN) 6 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 6 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 45 Minutes

Instructions:  
FOR IV USE ONLY. Fatal if given intrathecally.  
Protect from light, VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINBLASTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	6 mg/m2	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

**dacarbazine (DTIC) 375 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB**

Dose: 375 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 60 Minutes

Instructions:  
Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DACARBAZINE 200 MG INTRAVENOUS SOLUTION	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

**bleomycin (BLEOCIN) 1 Units in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 1 Units      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 120 Minutes

Instructions:  
Bleomycin test dose. HAZARDOUS - Handle with care. Monitor vital signs every 15 minutes; wait a minimum of 1 hour before administering remainder of dose.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	1 Units	Main Ingredient	Yes

SODIUM Base 50 mL Yes Yes  
 CHLORIDE 0.9 % IV  
 SOLP  
 (EXCEL;NON-PVC)

**bleomycin (BLEOCIN) 10 Units/m2 in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 10 Units/m2 Route: intravenous once over 15 Minutes for 1 dose  
 Offset: 200 Minutes

Instructions:  
 HAZARDOUS - Handle with care.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	10 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	50 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 15**

Perform every 14 days x1

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: -- Occurrences: --

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

**MAGNESIUM LEVEL**

Interval: -- Occurrences: --

**LDH**

Interval: -- Occurrences: --

**URIC ACID LEVEL**

Interval: -- Occurrences: --

**ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED**

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

**TREATMENT CONDITIONS 39**

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

**TREATMENT CONDITIONS 40**

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 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

 **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

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 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

**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



**diphenhydrAMINE (BENADRYL) tablet 12.5-25 mg**  
Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
Start: S

**diphenhydrAMINE (BENADRYL) injection 12-25 mg**  
Dose: 12-25 mg      Route: intravenous      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) tablet 12.5-25 mg**  
Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) injection 12.5 mg**  
Dose: 12.5 mg      Route: intravenous      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB**  
Dose: 25 mg      Route: intravenous      every 4 hours PRN over 30 Minutes  
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML INJECTION SOLUTION	Medications	25 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

**LORazepam (ATIVAN) tablet 0.5-1 mg**  
Dose: 0.5-1 mg      Route: oral      every 4 hours PRN  
Start: S

**LORazepam (ATIVAN) injection 0.5-1 mg**  
Dose: 0.5-1 mg      Route: intravenous      every 4 hours PRN  
Start: S

**haloperidol (HALDOL) tablet 0.5-1 mg**  
Dose: 0.5-1 mg      Route: oral      every 4 hours PRN  
Start: S

**haloperidol lactate (HALDOL) injection 0.5-1 mg**  
Dose: 0.5-1 mg      Route: intravenous      every 4 hours PRN  
Start: S

**metoclopramide (REGLAN) tablet 10 mg**  
Dose: 10 mg      Route: oral      every 4 hours PRN  
Start: S

**metoclopramide (REGLAN) injection 10 mg**  
Dose: 10 mg      Route: intravenous      every 4 hours PRN  
Start: S

**dexamethasone (DECADRON) tablet 10 mg**  
Dose: 10 mg      Route: oral      every 12 hours PRN  
Start: S

**dexamethasone (DECADRON) injection 10 mg**  
Dose: 10 mg      Route: intravenous      every 12 hours PRN  
Start: S

Nursing Orders

**ONC NURSING COMMUNICATION 36**

Interval: --

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

**DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 25 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Protect from light; VESICANT

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	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

**vinBLASTine (VELBAN) 6 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 6 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 45 Minutes

Instructions:

FOR IV USE ONLY. Fatal if given intrathecally.

Protect from light, VESICANT

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
VINBLASTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	6 mg/m2	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

**dacarbazine (DTIC) 375 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB**

Dose: 375 mg/m2

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 60 Minutes

Instructions:

Protect from light.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
DACARBAZINE 200 MG INTRAVENOUS SOLUTION	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

**bleomycin (BLEOCIN) 1 Units in sodium**

**chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 1 Units      Route: intravenous      once over 15 Minutes for 1 dose  
 Offset: 120 Minutes

**Instructions:**

Bleomycin test dose. HAZARDOUS - Handle with care. Monitor vital signs every 15 minutes; wait a minimum of 1 hour before administering remainder of dose.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	1 Units	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	50 mL	Yes	Yes

 **bleomycin (BLEOCIN) 10 Units/m2 in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 10 Units/m2      Route: intravenous      once over 15 Minutes for 1 dose  
 Offset: 200 Minutes

**Instructions:**

HAZARDOUS - Handle with care.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	10 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	50 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.