

## OP AC (DOSE DENSE)

Types: ONCOLOGY TREATMENT

Synonyms: DD AC, CYCLOPHOSPHAMIDE, DOXORUBICIN, ADRIAMYCIN, CYTOXAN, SIGHT, AGE, PSYC, A/C, BREAST

Cycles 1 to 4	Repeat 4 times	Cycle length: 14 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: --		
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</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 7**

Interval: -- Occurrences: --  
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

**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.

**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 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

## Pre-Medications

 **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

 **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:45 AM

Instructions:

Administer 30 minutes prior to chemotherapy.

Inredients:	Name	Type	Dose	Selected	Adds Vol.
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DIPHENHYDRAMIN Medications	50 mg	Main Ingredient	No
E 50 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

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg                      Route: oral                      once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg                      Route: oral                      once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg                      Route: oral                      once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                      once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

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

Antiemetics

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg                      Route: injection                      once PRN  
Start: S

Chemotherapy

**DOXOrubicin (ADRIAMycin) 60 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 60 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	60 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

**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

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.

Supportive Care

**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).