

OP AC

Types: ONCOLOGY TREATMENT

Synonyms: CYCLOPHOSPHAMIDE, DOXORUBICIN, AC, ADRIAMYCIN, CYTOXAN, PSY, DOC, DOX, SITE, A/C, BREAST

Cycles 1 to 4	Repeat 4 times	Cycle length: 21 days
Day 1		Perform every 1 day x1
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
<input type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: -- Occurrences: --		
<input type="checkbox"/> CANCER ANTIGEN 27-29 (CA BR)		
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.

Provider Communication

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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

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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.

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).