

OP AIM

Types: ONCOLOGY TREATMENT

Synonyms: AIM, SARCOMA, SOFT, TISSUE, MESNA, IFOS, ADRIA, DOXO

| | | |
|--|------------------------|-----------------------|
| Cycle 1 | Repeat 1 time | Cycle length: 21 days |
| Day 1 | Perform every 1 day x1 | |
| Appointment Requests | | |
| INFUSION APPOINTMENT REQUEST | | |
| Interval: -- Occurrences: -- | | |
| Labs | | |
| <input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> MAGNESIUM LEVEL | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> LDH | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> URIC ACID LEVEL | | |
| Interval: -- Occurrences: -- | | |
| Labs | | |
| URINALYSIS, AUTOMATED WITH MICROSCOPY | | |
| 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

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
 Instructions:
 To keep vein open.

Hydration

sodium chloride 0.9 % infusion
 Dose: 100 mL/hr Route: intravenous continuous
 Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 20 mg in sodium chloride 0.9% 50 mL IVPB
 Dose: -- Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:30 AM

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|----------|-----------|
| | ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg | Yes | No |
| | DEXAMETHASONE 4 MG/ML INJECTION SOLUTION | Medications | 20 mg | Yes | No |
| | SODIUM | Base | 50 mL | Always | Yes |

CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION
 DEXTROSE 5 % IN Base No Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
 Start: S End: S 11:30 AM

dexamethasone (DECADRON) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose
 Start: S

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 |

Pre-Medications

OLANzapine (ZYPREXA) tablet 10 mg

Dose: 10 mg Route: oral once for 1 dose
 Start: S

Chemotherapy

DOXOrubicin (ADRIAmycin) 60 mg/m2 in sodium chloride 0.9% 100 mL chemo infusion - AMBULATORY PUMP

Dose: 60 mg/m2 Route: intravenous once over 72 Hours for 1 dose
 Offset: 30 Minutes

Instructions:

Protect from light; VESICANT. Nurses to chart as GIVEN on the MAR. Administer via CADD pump.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|----------|-----------------|-----------|
| | DOXORUBICIN 50 MG/25 ML | Medications | 60 mg/m2 | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 100 mL | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | QS Base | 100 mL | No | Yes |

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2, mesna (MESNEX) 300 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: -- Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-------------|----------|-----------|
| | IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION | Medications | 1,500 mg/m2 | Yes | Yes |
| | MESNA 100 MG/ML INTRAVENOUS SOLUTION | Medications | 300 mg/m2 | Yes | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 500 mL | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | QS Base | 500 mL | No | Yes |

Chemotherapy

mesna (MESNEX) 300 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 4 hours over 15 Minutes for 2 doses
Offset: 4.5 Hours

Instructions:
Administer 4 hours and 8 hours after the start of Ifosfamide infusion.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
| | MESNA 100 MG/ML INTRAVENOUS SOLUTION | Medications | 300 mg/m2 | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 100 mL | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | QS Base | 100 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.

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: --

Labs

URINALYSIS, AUTOMATED WITH MICROSCOPY

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
 Instructions:
 To keep vein open.

Hydration

sodium chloride 0.9 % infusion
 Dose: 100 mL/hr Route: intravenous continuous
 Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 20 mg in sodium chloride 0.9% 50 mL IVPB
 Dose: -- Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:30 AM

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|----------|-----------|
| | ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg | Yes | No |
| | DEXAMETHASONE 4 MG/ML INJECTION SOLUTION | Medications | 20 mg | Yes | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | | No | Yes |

ondansetron (ZOFRAN) tablet 16 mg
 Dose: 16 mg Route: oral once for 1 dose
 Start: S End: S 11:30 AM

dexamethasone (DECADRON) tablet 20 mg
 Dose: 20 mg Route: oral once for 1 dose
 Start: S

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 Inredient | Yes |

INTRAVENOUS EMULSION
 DEXTROSE 5 % IN Base 130 mL Yes Yes
 WATER (D5W) IV
 SOLP (EXCEL; NON-PVC)
 SODIUM Base 130 mL No Yes
 CHLORIDE 0.9 % IV
 SOLP
 (EXCEL;NON-PVC)

Pre-Medications

OLANzapine (ZYPREXA) tablet 10 mg

Dose: 10 mg Route: oral once for 1 dose
 Start: S

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2, mesna (MESNEX) 300 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: -- Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-----------------------------|-------------|-------------|----------|-----------|
| | IFOSFAMIDE 1 GRAM | Medications | 1,500 mg/m2 | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | MESNA 100 MG/ML | Medications | 300 mg/m2 | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | SODIUM CHLORIDE 0.9 % | QS Base | 500 mL | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | DEXTROSE 5 % IN WATER (D5W) | QS Base | 500 mL | No | Yes |
| | INTRAVENOUS SOLUTION | | | | |

Chemotherapy

mesna (MESNEX) 300 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 4 hours over 15 Minutes for 2 doses
 Offset: 4.5 Hours

Instructions:
 Administer 4 hours and 8 hours after the start of Ifosfamide infusion.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-----------------------------|-------------|-----------|-----------------|-----------|
| | MESNA 100 MG/ML | Medications | 300 mg/m2 | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | THERAPY PLAN | | | | |
| | SODIUM CHLORIDE 0.9 % | QS Base | 100 mL | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | DEXTROSE 5 % IN WATER (D5W) | QS Base | 100 mL | No | Yes |
| | INTRAVENOUS SOLUTION | | | | |

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 4

Perform every 1 day x1

Discharge Nursing Orders

DISCONNECT CONTINUOUS INFUSION PUMP

Interval: -- Occurrences: --

Comments: Disconnect patient from continuous infusion pump.

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: --

Labs

**URINALYSIS, AUTOMATED WITH
MICROSCOPY**

Interval: -- Occurrences: --

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

Instructions:

To keep vein open.

Hydration

sodium chloride 0.9 % infusion

Dose: 100 mL/hr Route: intravenous continuous
Start: S

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

- (DECADRON) 20 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:30 AM

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|----------|-----------|
| | ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg | Yes | No |
| | DEXAMETHASONE 4 MG/ML INJECTION SOLUTION | Medications | 20 mg | Yes | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | | No | Yes |

- ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S End: S 11:30 AM

- dexamethasone (DECADRON) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose
Start: S

- 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 |

Pre-Medications

OLANzapine (ZYPREXA) tablet 10 mg

Dose: 10 mg Route: oral once for 1 dose
Start: S

Chemotherapy

ifosfamide (IFEX) 1,500 mg/m2, mesna (MESNEX) 300 mg/m2 in sodium chloride 0.9 %

500 mL chemo IVPB

Dose: -- Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-----------------------------|-------------|-------------|----------|-----------|
| | IFOSFAMIDE 1 GRAM | Medications | 1,500 mg/m2 | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | MESNA 100 MG/ML | Medications | 300 mg/m2 | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | SODIUM CHLORIDE 0.9 % | QS Base | 500 mL | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | DEXTROSE 5 % IN WATER (D5W) | QS Base | 500 mL | No | Yes |
| | INTRAVENOUS SOLUTION | | | | |

Chemotherapy

mesna (MESNEX) 300 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 300 mg/m2 Route: intravenous every 4 hours over 15 Minutes for 2 doses
 Offset: 4.5 Hours

Instructions:
 Administer 4 hours and 8 hours after the start of Ifosfamide infusion.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-----------------------------|-------------|-----------|-----------------|-----------|
| | MESNA 100 MG/ML | Medications | 300 mg/m2 | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | THERAPY PLAN | | | | |
| | SODIUM CHLORIDE 0.9 % | QS Base | 100 mL | Yes | Yes |
| | INTRAVENOUS SOLUTION | | | | |
| | DEXTROSE 5 % IN WATER (D5W) | QS Base | 100 mL | No | Yes |
| | INTRAVENOUS SOLUTION | | | | |

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).