

OP ARSENIC TRIOXIDE CONSOLIDATION

Types: ONCOLOGY TREATMENT

Synonyms: ARSE, TRISE, APL, CONSOLID, ARSEN, ACUTE, PROMYEL, ARSENIC

Cycle 1	Repeat 1 time	Cycle length: 35 days
Days 1,2,3,4,5,...,35	Perform every 1 day x35	
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: --		
Nursing Orders		
ONC NURSING COMMUNICATION 67		
Interval: -- Occurrences: --		
Comments: Supplement to maintain magnesium GREATER than 2 and potassium GREATER than 4. Refer to Potassium Replacement Scale.		
Provider Communication		
ONC PROVIDER COMMUNICATION 21		
Interval: -- Occurrences: --		
Comments: Order EKG Monday, Wednesday, and Friday for first week, then weekly for remainder of treatment plan. Prolonged QT is greater than or equal to 440 milliseconds (11 boxes).		
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		
☑ ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB		
Dose: --	Route: intravenous	once over 15 Minutes for 1 dose
Start: S		
Ingredients:	Name	Type
	ONDANSETRON	Medications
	Dose	Selected
	16 mg	Yes
	Adds Vol.	No

HCL (PF) 4 MG/2 ML INJECTION SOLUTION	DEXAMETHASONE Medications	12 mg	No	No
4 MG/ML INJECTION SOLUTION	SODIUM Base	50 mL	Always	Yes
CHLORIDE 0.9 % INTRAVENOUS SOLUTION	DEXTROSE 5 % IN Base		No	Yes
WATER (D5W) INTRAVENOUS SOLUTION				

☐ **ondansetron (ZOFTRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

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

☐ **dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 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 Base CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)		130 mL	No	Yes

☐ **LORAZepam (ATIVAN) tablet 1 mg**

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

☐ **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous once for 1 dose
Start: S

Chemotherapy

arsenic trioxide (TRISENOX) 0.15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:
This drug requires close monitoring of electrolytes. Check electrolytes twice weekly and supplement to keep magnesium greater

than 2 and potassium greater than 4.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ARSENIC
TRIOXIDE 2 MG/ML
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Medications

0.15
mg/kg

Main
Ingredient

Yes

QS Base

250 mL

Yes

Yes

QS Base

250 mL

No

Yes

Electrolyte Replacement

TREATMENT CONDITIONS 39

Interval: --

Occurrences: --

Comments:

Potassium (Normal range 3.5 to 5.0mEq/L)

- o Serum potassium less than 2.9mEq/L, Call MD/NP
- o Serum potassium 3.0 to 3.5mEq/L, give 40mEq KCL IV and 40mEq KCL PO and notify MD/NP
- o Serum potassium 3.6 to 3.9mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 4 mEq/L or greater, do not give potassium replacement

**potassium chloride 20 mEq in 100 mL IVPB
(FOR CENTRAL LINE ONLY)**

Dose: 20 mEq

Route: intravenous

every 1 hour prn over 60 Minutes for 2 doses

Start: S

**potassium chloride (KLOR-CON) packet 40
mEq**

Dose: 40 mEq

Route: oral

once PRN

Start: S

Instructions:

Dissolve contents of each packet in 4 oz. of
water or other beverage.

Electrolyte Replacement

TREATMENT CONDITIONS 40

Interval: --

Occurrences: --

Comments:

Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Serum Magnesium less than 1.1mEq/L, Call MD/NP
- o Serum Magnesium 1.2 to 1.5mEq/L, give 4 gram magnesium sulfate IV
- o Serum Magnesium 1.6 to 1.9mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 2 mEq/L or greater, do not give magnesium replacement

magnesium sulfate 2 g/50 mL IVPB (premix)

Dose: 2 g

Route: intravenous

once PRN @ 25 mL/hr over 1 Hours

Start: S

magnesium sulfate 4 g IVPB (premix)

Dose: 4 g

Route: intravenous

once PRN over 2 Hours

Start: S

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.