

OP AYA - COURSE 2 (REMISSION CONSOLIDATION)

Types: ONCOLOGY TREATMENT

Synonyms: CYTOS, MTX, ARA, CYTOX, ONCOV, NEOST, ALL, COURSE II, NON-STUDY, CALGB, CYTARA, VINCRIS, MERCAPT, METHOTR, PEGAS, REMISS, CONSOL, AYA

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
Day 1		Perform every 1 day x1
Provider Communication		
ONC PROVIDER COMMUNICATION 36		
Interval: --	Occurrences: --	
Comments:	Adjust dose of mercaptopurine using 50 mg tablets, and different doses on alternating days to attain weekly cumulative dose as close as possible to 420 mg/m2/week. Do not escalate dose based on blood counts during this course.	
Take-Home Medications Prior to Treatment		
mercaptopurine (PURINETHOL) 50 mg chemo tablet		
Dose: 50 mg	Route: oral	
Dispense: --	Refills: --	
Start: S		
Comments:	On days 1 through 14, and 29 through 42 of treatment in all cycles. Take a least 1 hour after evening meal without milk or citrus products.	
Instructions:	On days 1 through 14, and 29 through 42 of treatment in all cycles. Take a least 1 hour after evening meal without milk or citrus products.	
Provider Communication		
ONC PROVIDER COMMUNICATION 37		
Interval: --	Occurrences: --	
Comments:	Patient should take trimethoprim/sulfamethoxazole from beginning of Course II, continuing through therapy for 6 months.	
Take-Home Medications Prior to Treatment		
sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg per tablet		
Dose: --	Route: oral	
Dispense: --	Refills: --	
Start: S		
Comments:	Dose at 5 mg/kg BID three times per week.	
Instructions:	Dose at 5 mg/kg BID three times per week.	
Cycle 1	Repeat 1 time	Cycle length: 56 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: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 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	12 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 12 mg

Dose: 12 mg Route: oral once for 1 dose
 Start: S

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
 Start: S End: S 3:00 PM
 Instructions:
 For OUTPATIENT use only.

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

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
 Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Nursing Orders

TREATMENT CONDITIONS 17

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

Chemotherapy

cyclophosphamide (CYTOXAN) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:
 DRUG IS AN IRRITANT. Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
 Start: S

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
 Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 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		No	Yes

Intrathecal Injections

methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 15 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 INTRATHECAL VIA DIRECT LUMBAR PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5 mL. This dose is NOT to be combined with

cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	15 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.4 mL	Yes	Yes

ONC PROVIDER COMMUNICATION 29

Interval: -- Occurrences: --
 Comments: Send CSF for cell count and cytology with every intrathecal administration.

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.

Days 2,3,4

Perform every 1 day x3

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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL
 Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
 Start: S

Nursing Orders

TREATMENT CONDITIONS 30
 Interval: -- Occurrences: --
 Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB
 Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
 Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds	Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 mg/m2	Main	Yes	Ingredient

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		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.

Day 8

Perform every 1 day 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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL

Route: intravenous

PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL

Route: intravenous

once @ 500 mL/hr for 1 dose

Start: S

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

- (DECADRON) 12 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

12 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 12 mg**

Dose: 12 mg Route: oral once for 1 dose
Start: S

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM

Instructions:
For OUTPATIENT use only.

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

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 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		No	Yes

Intrathecal Injections

methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 15 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:
INTRATHECAL VIA DIRECT LUMBAR PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5

mL. This dose is NOT to be combined with cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	15 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.4 mL	Yes	Yes

ONC PROVIDER COMMUNICATION 29

Interval: -- Occurrences: --
 Comments: Send CSF for cell count and cytology with every intrathecal administration.

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.

Days 9,10,11

Perform every 1 day x3

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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL
 Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
 Start: S

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
 Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB
 Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
 Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION	Medications	75 mg/m2	Main Ingredient	Yes

SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		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.

Day 15

Perform every 1 day 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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL
 Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
 Start: S

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg
 Dose: 650 mg Route: oral once for 1 dose

Instructions:
 Administer 30 minutes prior to chemotherapy.

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) tablet 25 mg
 Dose: 25 mg Route: oral once for 1 dose

Instructions:
 Administer 30 minutes prior to chemotherapy.

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
 Dose: 100 mg Route: intravenous once for 1 dose

Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Provider Communication

ONC PROVIDER COMMUNICATION 28

Interval: -- Occurrences: --
Comments: Voriconazole and posaconazole are contra-indicated with vincristine.

Chemotherapy

vinCRISTine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1.5 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Start: S

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRIStINE 1.5 MG/M2

Conditions:
BSA < 1.33 m2
BSA >= 1.33 m2

Modifications:
Set dose to 1.5 mg/m2
Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Intrathecal Injections

methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 15 mg Route: intrathecal once over 5 Minutes for 1 dose
Start: S End: S

Instructions:

INTRATHECAL VIA DIRECT LUMBAR PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5 mL. This dose is NOT to be combined with cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	15 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.4 mL	Yes	Yes

ONC PROVIDER COMMUNICATION 29

Interval: -- Occurrences: --
Comments: Send CSF for cell count and cytology with every intrathecal administration.

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 22

Perform every 1 day 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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 38

Interval: -- Occurrences: --

Comments: Verify that patient has had recent and appropriate pulmonary function tests prior to proceeding with treatment. If patient has not had recent pulmonary function tests, place an order via order entry. Careful monitoring of pulmonary function tests should be performed prior to initiation of therapy and periodically throughout therapy.

Provider Communication

ONC PROVIDER COMMUNICATION 39

Interval: -- Occurrences: --

Comments: Verify that patient has had recent and appropriate chest x-ray prior to proceeding with treatment. If patient has not had recent chest x-ray, place and order via order entry. Careful monitoring of chest x-ray should be performed prior to initiation of therapy and periodically throughout therapy.

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
 Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Provider Communication

ONC PROVIDER COMMUNICATION 28

Interval: -- Occurrences: --
 Comments: Voriconazole and posaconazole are contra-indicated with vincristine.

Chemotherapy

vinCRiStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1.5 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
 Start: S

Instructions:
 DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN
 VINCRISTINE 1.5 MG/M2

Conditions:
 BSA < 1.33 m2
 BSA >= 1.33 m2

Modifications:
 Set dose to 1.5 mg/m2
 Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Intrathecal Injections

methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 15 mg Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 INTRATHECAL VIA DIRECT LUMBAR PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5 mL. This dose is NOT to be combined with cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION	Medications	15 mg	Main Ingredient	Yes

SOLUTION
SODIUM QS Base 4.4 mL Yes Yes
CHLORIDE 0.9 %
INJECTION
SOLUTION

ONC PROVIDER COMMUNICATION 29

Interval: -- Occurrences: --
Comments: Send CSF for cell count and cytology with every intrathecal administration.

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 29

Perform every 1 day 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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL

Route: intravenous

PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL

Route: intravenous

once @ 500 mL/hr for 1 dose

Start: S

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

- (DECADRON) 12 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

12 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 12 mg

Dose: 12 mg Route: oral once for 1 dose
Start: S

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM
Instructions:
For OUTPATIENT use only.

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

Chemotherapy

cyclophosphamide (CYTOXAN) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 1,000 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
DRUG IS AN IRRITANT. Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF)	Medications	75 mg/m2	Main	Yes

100 MG/5 ML (20 MG/ML) INJECTION SOLUTION			Ingredient	
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		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.

Days 30,31,32

Perform every 1 day x3

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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL
 Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
 Start: S

Nursing Orders

TREATMENT CONDITIONS 30
 Interval: -- Occurrences: --
 Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB
 Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
 Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 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		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.

Days 36,37,38,39

Perform every 1 day x4

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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 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		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.

Day 43

Perform every 1 day 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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL
 Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
 Start: S

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg
 Dose: 650 mg Route: oral once for 1 dose

Instructions:
 Administer 30 minutes prior to chemotherapy.

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) tablet 25 mg
 Dose: 25 mg Route: oral once for 1 dose

Instructions:
 Administer 30 minutes prior to chemotherapy.

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
 Dose: 100 mg Route: intravenous once for 1 dose

Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

Chemotherapy

pegaspargase (ONCASPARG) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB
 Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Instructions:
 Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	100 mL	Yes	Yes

SOLUTION

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
 Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Provider Communication

ONC PROVIDER COMMUNICATION 28

Interval: -- Occurrences: --
 Comments: Voriconazole and posaconazole are contra-indicated with vincristine.

Chemotherapy

vinCRISTine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1.5 mg/m2 Route: intravenous once over 10 Minutes for 1 dose

Start: S

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRISTINE 1.5 MG/M2

Conditions:

BSA < 1.33 m2

BSA >= 1.33 m2

Modifications:

Set dose to 1.5 mg/m2

Set dose to 2 mg

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

VINCRISTINE 1
 MG/ML
 INTRAVENOUS
 SOLUTION
 SODIUM
 CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION

Medications

1.5
 mg/m2

Main
 Ingredient

Yes

QS 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 50

Perform every 1 day 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: --

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Nursing Orders

TREATMENT CONDITIONS 30

Interval: -- Occurrences: --
Comments: Therapy should be interrupted for patients who are febrile, infected, and proven infected; and resumed at the point when signs of infection have abated. Otherwise, therapy should not be interrupted for myelosuppression alone.

Provider Communication

ONC PROVIDER COMMUNICATION 28

Interval: -- Occurrences: --
Comments: Voriconazole and posaconazole are contra-indicated with vincristine.

Chemotherapy

vinCRiStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1.5 mg/m2 Route: intravenous once over 10 Minutes for 1 dose

Start: S

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRIStINE 1.5 MG/M2

Conditions:

BSA < 1.33 m2

BSA >= 1.33 m2

Modifications:

Set dose to 1.5 mg/m2

Set dose to 2 mg

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Medications

1.5 mg/m2

Main Ingredient

QS 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.