

OP AZACITIDINE (5 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: MDS, AZACITIDINE, VIDAZA, LEUKEMIA

Cycles 1 to 3	Repeat 3 times	Cycle length: 28 days
Days 1,2,3,4,5	Perform every 1 day x5	
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
☑ CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
☑ COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
☐ BASIC METABOLIC PANEL		
Interval: -- Occurrences: --		
☑ MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
☐ LDH		
Interval: -- Occurrences: --		
☐ URIC ACID LEVEL		
Interval: -- Occurrences: --		
☐ ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED		
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 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, 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

Medications

130 mg

Main

Yes

INTRAVENOUS EMULSION

DEXTROSE 5 % IN WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL; NON-PVC)

SODIUM CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP (EXCEL;NON-PVC)

Chemotherapy

☒ **ONC PROVIDER COMMUNICATION 55**

Interval: --

Occurrences: --

Comments:

Please select only one route: either IV or SQ

☒ **azaCITIDine (VIDAZA) 75 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 75 mg/m2

Route: --

once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer within 1 hour of reconstitution.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

AZACITIDINE 100 MG SOLUTION

Medications

75 mg/m2

Main

No

FOR INJECTION SODIUM

QS Base

50 mL

Yes

Yes

CHLORIDE 0.9 % INTRAVENOUS

SOLUTION

QS Base

No

Yes

LACTATED

RINGERS

INTRAVENOUS

SOLUTION

☒ **azaCITIDine (VIDAZA) 75 mg/m2 in water for injection, sterile (PF) chemo injection**

Dose: 75 mg/m2

Route: --

once for 1 dose

Offset: 30 Minutes

Instructions:

Administer within 1 hour of reconstitution.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

AZACITIDINE 100 MG SOLUTION

Medications

75 mg/m2

Main

No

FOR INJECTION WATER FOR

Base

Always

Yes

INJECTION, STERILE

INJECTION

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.