

## OP BEACOPP

*Types:* ONCOLOGY TREATMENT

*Synonyms:* BEACOPP, LYMPHOMA, LIMP, DOXORUBICIN, BLEOMYCIN, VINCRISTINE, PROCARBAZINE, HODGKINS, ETOPOSIDE, CYCLOPHOSPHAMIDE

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
<b>Day 1</b>	Perform every 1 day x1	
Take-Home Medications Prior to Treatment		
<b>procarbazine (MATULANE) 50 mg chemo capsule</b>		
Dose: 100 mg/m2	Route: oral	daily
Dispense: --	Refills: 0	
Start: S	End: S+7	
Take-Home Medications Prior to Treatment		
<b>predniSONE (DELTASONE) 50 MG tablet</b>		
Dose: 40 mg/m2	Route: oral	daily
Dispense: --	Refills: 0	
Start: S	End: S+14	
Cycles 1 to 4	Repeat 4 times	Cycle length: 21 days
<b>Day 1</b>	Perform every 1 day x1	
Appointment Requests		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: --	Occurrences: --	
Labs		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>BASIC METABOLIC PANEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>LDH</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>URIC ACID LEVEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</b>		
Interval: --	Occurrences: --	
Outpatient Electrolyte Replacement Protocol		
<b>TREATMENT CONDITIONS 39</b>		
Interval: --	Occurrences: --	
Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) <ul style="list-style-type: none"> <li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li> <li>o Protocol applies only to same day lab value.</li> <li>o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</li> <li>o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</li> </ul>	

- 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  
 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 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

**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	Base		No	Yes

WATER (D5W)  
INTRAVENOUS  
SOLUTION

Nursing Orders

**ONC NURSING COMMUNICATION 36**

Interval: --

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

**DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 25 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

Medications

25 mg/m2

Main

Yes

Ingredient

INTRAVENOUS  
SOLUTION

SODIUM  
CHLORIDE 0.9 %

Base

50 mL

Yes

Yes

INTRAVENOUS  
SOLUTION

DEXTROSE 5 % IN  
WATER (D5W)

Base

50 mL

No

Yes

INTRAVENOUS  
SOLUTION

**cyclophosphamide (CYTOXAN) 650 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 650 mg/m2

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 45 Hours

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

CYCLOPHOSPHAM  
IDE 1 GRAM

Medications

650

Main

Yes

Ingredient

INTRAVENOUS  
SOLUTION

SODIUM  
CHLORIDE 0.9 %

QS Base

250 mL

Yes

Yes

INTRAVENOUS  
SOLUTION

DEXTROSE 5 % IN  
WATER (D5W)

QS Base

250 mL

No

Yes

INTRAVENOUS  
SOLUTION

**etoposide (TOPOSAR) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 1.75 Hours

Instructions:

Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

ETOPOSIDE 20  
MG/ML

Medications

100

Main

Yes

Ingredient

INTRAVENOUS  
SOLUTION

SODIUM  
CHLORIDE 0.9 % IV  
SOLP

QS Base

500 mL

Yes

Yes

(EXCEL;NON-PVC)

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**

Perform every 1 day x2

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

**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  
 Start: S  
 Instructions: To keep vein open.

**Pre-Medications**

**ondansetron (ZOFTRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose  
 Start: S End: S 11:15 AM

**ondansetron (ZOFTRAN) tablet 16 mg**

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

**ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds	Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main	No	Ingredient
	DEXTROSE 5 % IN WATER (D5W)	Base	50 mL	Always	Yes	

**INTRAVENOUS SOLUTION**

**Chemotherapy**

**etoposide (TOPOSAR) 100 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2      Route: intravenous      once over 2 Hours for 1 dose  
Offset: 30 Minutes

Instructions:  
Administer through a 0.22 micron filter and non-PVC tubing set.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	100 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 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 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: --

**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

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

Start: S

Instructions:  
To keep vein open.

Pre-Medications

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



Dose: 8 mg      Route: intravenous      once for 1 dose  
Start: S      End: S 11:15 AM

**ondansetron (ZOFRAN) tablet 16 mg**

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

**ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S      End: S 11:00 AM

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

Chemotherapy

**vinCRiStine (ONCOVIN) 1.4 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.4 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
Protect from light, VESICANT. Max dose = 2 mg.

Rule-Based Template: RULE ONCBCN  
VINCRISTINE 1.4 MG/M2

Conditions:  
BSA < 1.43 m2  
BSA >= 1.43 m2

Modifications:  
Set dose to 1.4 mg/m2  
Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.4 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

**bleomycin (BLEOCIN) 1 Units in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 1 Units      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 120 Minutes

Instructions:  
Bleomycin test dose. HAZARDOUS - Handle with care. Monitor vital signs every 15 minutes; wait a minimum of 1 hour before administering remainder of dose.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	1 Units	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	50 mL	Yes	Yes

**bleomycin (BLEOCIN) 10 Units/m2 in sodium chloride (NON-PVC) 0.9 % 50 mL chemo IVPB**

Dose: 10 Units/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 45 Minutes

Instructions:  
HAZARDOUS - Handle with care.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	BLEOMYCIN 30 UNIT SOLUTION FOR INJECTION	Medications	10 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	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.