

## OP CARBOPLATIN / DOCETAXEL

Types: ONCOLOGY TREATMENT

Synonyms: CARB, PARA, CARBOPLATIN, PARAPLATIN, DOCETAXEL, TAXOTERE, DOCE, TAX, BREAST, GYNECOLOGIC, GYN, FROMM

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
<b>Day 1</b>		Perform every 1 day x1
Pre-Medications		
<input type="radio"/> <b>dexamethasone (DECADRON) 4 MG tablet</b>		
Dose: 8 mg	Route: oral	2 times daily
Dispense: 12 tablet	Refills: 0	
Start: S	End: S+3	
Instructions: Start day prior to chemotherapy administration.		
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>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>CARCINOEMBRYONIC ANTIGEN (CEA)</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>PROSTATE SPECIFIC ANTIGEN</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b>		
Interval: --	Occurrences: --	
Outpatient Electrolyte Replacement Protocol		
<b>TREATMENT CONDITIONS 39</b>		
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

**ONC NURSING COMMUNICATION 8**

- Interval: -- Occurrences: --
- Comments: Verify that patient took DEXAMETHASONE orally prior to chemotherapy. Otherwise, please contact physician to order Dexamethasone IV.

Nursing Orders

**TREATMENT CONDITIONS 13**

- Interval: -- Occurrences: --
- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; SCr GREATER than 1.5, Total Bilirubin GREATER than 1.5

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                   | Medications | 12 mg | Yes      | No        |

SOLUTION 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

**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

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	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

**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) 50 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: 50 mg                      Route: intravenous                      once over 15 Minutes for 1 dose  
Start: S                              End: S 11:45 AM

Instructions:  
Administer 30 minutes prior to chemotherapy.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	DIPHENHYDRAMIN E 50 MG/ML INJECTION	Medications	50 mg	Main Ingredient	No
	SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

DEXTROSE 5 % IN Base 50 mL No Yes  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg Route: oral once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) injection 20 mg**

Dose: 20 mg Route: intravenous once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose  
Offset: 0 Hours

Instructions:  
Administer 30 minutes prior to chemotherapy.

Antiemetics

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: intravenous every 4 hours PRN  
Start: S

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous every 4 hours PRN  
Start: S

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous once PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral once PRN  
Start: S

Antiemetics

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection once PRN  
Start: S

Chemotherapy

**DOCEtaxel (TAXOTERE) 75 mg/m<sup>2</sup> in sodium  
chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m<sup>2</sup>      Route: intravenous      once over 60 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:  
 Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOCETAXEL 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	Medications	75 mg/m <sup>2</sup>	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	QS Base	250 mL	No	Yes

**CARBOplatin (PARAplatin) in sodium chloride 0.9 % 250 mL chemo IVPB**

AUC: 6 Use AUC      Route: intravenous      once over 60 Minutes for 1 dose  
 Offset: 90 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARBOPLATIN 10 MG/ML INTRAVENOUS SOLUTION	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: --      Occurrences: --  
 Comments:      Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 4**

Interval: --      Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: --

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**diphenhydramine (BENADRYL) injection 25**

**mg**

Dose: 25 mg

Route: intravenous

PRN

Start: S

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg

Route: oral

PRN

Start: S

**famotidine (PEPCID) 20 mg/2 mL injection 20**

**mg**

Dose: 20 mg

Route: intravenous

PRN

Start: S

**hydrocortisone sodium succinate**

**(Solu-CORTEF) injection 100 mg**

Dose: 100 mg

Route: intravenous

PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT  
injection syringe 0.3 mg**

Dose: 0.3 mg                      Route: subcutaneous                      PRN  
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.

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).