OP CARBOPLATIN / ETOPOSIDE W/ ACC HYPERFX RADIATION

Types: ONCOLOGY TREATMENT

Synonyms: ETOP, CARBO, SMALL, LUNG, SCLC, PARA

Cycles 1 to 4	Repeat 4 ti	ies C	Cycle length: 7 days	Desferrer even dides of
Day 1 Appo	intment Requests INFUSION APPOINTME Interval: 0	T REQUEST ccurrences:		Perform every 1 day x1
Labs				
	COMPREHENSIVE MET	BOLIC PANEL		
		ccurrences:		
		ccurrences:		
	MAGNESIUM LEVEL	ccurrences:		
	MICROSCOPY Interval: ()	ccurrences:		
Outp	atient Electrolyte Replacement			
	TREATMENT CONDITIC	NS 39		
	Comments:	ID/NP Protocol applies or Serum potassium O and contact MD/NP Serum potassium Serum potassium Serum potassium If patient meets cri lectrolyte Replacement" Sign electrolyte rep equired	or SCr less than 1.5. C nly to same day lab va less than 3.0mEq/L, g 3.0 to 3.2mEq/L, give 3.3 to 3.4mEq/L, give	alue. ive 40mEq KCL IV or 40mEq KCL IV or PO 20mEq KCL IV or PO do not give potassium called "Outpatient
	Comments:	Incourrences: Iagnesium (Normal range Protocol applies fo ID/NP Protocol applies or Serum Magnesium ulfate IV and contact MD/ Serum Magnesium ulfate IV Serum Magnesium ulfate IV Serum Magnesium agnesium replacement	or SCr less than 1.5. C nly to same day lab va n less than 1.0mEq/L,	alue. give 2 gram magnesium e 2 gram magnesium e 1 gram magnesium r, do not give

o Sign electrolyte replacement order as Per protocol: cosign required

Nursin						
	ig Orders					
	ONC NURSING CON	IMUNICATION 37				
	Interval:	Occurrences:				
	Comments:	Verify with the patient th	at a radiation	appointm	ent has beer	n scheduled.
Nursin	ig Orders					
	TREATMENT COND Interval:	Occurrences:				
	Comments:	HOLD and notify provide		S than 10		I ESS than
	Commenta.	100,000.				
		,				
Line F	lush					
	sodium chloride 0.9	% flush 20 mL				
	Dose: 20 mL	Route: intravenous	PRN			
	Start: S					
Nursin	ig Orders					
	sodium chloride 0.9	% infusion 250 mL				
	Dose: 250 mL	Route: intravenous	once @ 30 m	L/hr for 1	dose	
	Start: S					
	Instructions:					
	To keep vein open.					
Pre-M	edications					
		AN) 16 mg, dexamethasor	ne			
	50 mL IVPB	in sodium chloride 0.9%				
	Dose:	Route: intravenous	once over 15	Minutes f	or 1 dose	
	Start: S	End: S 11:30 AM				
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
		ONDANSETRON	Medications	16 mg	Yes	No
		HCL (PF) 4 MG/2				
		ML INJECTION				
		SOLUTION	Medications	12 mg	Voc	No
		SOLUTION DEXAMETHASONE	Medications	12 mg	Yes	No
		SOLUTION DEXAMETHASONE 4 MG/ML	Medications	12 mg	Yes	No
		SOLUTION DEXAMETHASONE	Medications	12 mg	Yes	No
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION	Medications Base	0	Yes Always	No Yes
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 %		0		
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS		0		
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	0	Always	Yes
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN	Base	0		
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	Base	0	Always	Yes
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	0	Always	Yes
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	0	Always	Yes
	□ ondansetron (ZOFR	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	0	Always	Yes
	Dose: 16 mg	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral	Base	50 mL	Always	Yes
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg	Base Base	50 mL	Always	Yes
	Dose: 16 mg	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM	Base Base	50 mL	Always	Yes
	Dose: 16 mg Start: S	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM CADRON) tablet 12 mg	Base Base once for 1 do	50 mL	Always	Yes
	Dose: 16 mg Start: S dexamethasone (DE Dose: 12 mg	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM	Base Base	50 mL	Always	Yes
	Dose: 16 mg Start: S dexamethasone (DE Dose: 12 mg Start: S	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM CADRON) tablet 12 mg Route: oral	Base Base once for 1 do	50 mL	Always	Yes
	Dose: 16 mg Start: S dexamethasone (DE Dose: 12 mg Start: S palonosetron (ALOX	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM CADRON) tablet 12 mg Route: oral	Base Base once for 1 do once for 1 do	50 mL se	Always	Yes
	Dose: 16 mg Start: S dexamethasone (DE Dose: 12 mg Start: S palonosetron (ALOX Dose: 250 mcg	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM CADRON) tablet 12 mg Route: oral CADRON) tablet 12 mg Route: oral	Base Base once for 1 do	50 mL se	Always	Yes
	Dose: 16 mg Start: S dexamethasone (DE Dose: 12 mg Start: S palonosetron (ALOX	SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION AN) tablet 16 mg Route: oral End: S 11:30 AM CADRON) tablet 12 mg Route: oral	Base Base once for 1 do once for 1 do	50 mL se	Always	Yes

	For OUTPATIENT us	e only				
	aprepitant (CINVANTI)	-				
	└ (NON-PVC) 5% 130 ml	LIVPB				
	Dose: 130 mg Start: S	Route: intravenous End: S	once over 30	Minutes fo	r 1 dose	
	Ingredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Type Medications	Dose 130 mg	Selected Main Ingredient	Adds Vol. 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-M	edications					
	onetupitant-palonosetr	on (AKYNZEO) 300-0.5				
	mg 1 capsule					
	Dose: 1 capsule Start: S Instructions:	Route: oral End: S 5:30 PM	once for 1 do	se		
	Administer approxima chemotherapy.	ately 1 hour prior to				
Chemo	otherapy					
	etoposide (TOPOSAR) chloride 0.9 % 150 mL Dose: 30 mg Instructions: Administer through a	chemo IVPB Route: intravenous	once over 1 F Offset: 30 Mir		dose	
	non-PVC tubing set. Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
		ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	30 mg	Main Ingredient	Yes
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base /		Yes	Yes
Chemo	otherapy					
	CARBOplatin (PARAp	latin) 30 mg in sodium				
	chloride 0.9 % 250 mL Dose: 30 mg	. chemo IVPB Route: intravenous	once over 60	Minutes fo	r 1 doco	
	Ŭ		once over 60 Offset: 1.5 Ho		i i uose	
	Ingredients:	Name CARBOPLATIN 10 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 30 mg	Selected Main Ingredient	Adds Vol. Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	247 mL	Yes	Yes

SOLUTION

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcuta only – itching, flushing, periorbital edema, rash, or rule 1. Stop the infusion. 2. Place the patient on continuous monitoring.	
Comments: Grade 1 - MILD Symptoms (cutaneous and subcuta only – itching, flushing, periorbital edema, rash, or r 1. Stop the infusion.	
 Obtain vital signs. Administer Normal Saline at 50 mL per hour using intravenous tubing. If greater than or equal to 30 minutes since the la Diphenhydramine, administer Diphenhydramine 25 once. If less than 30 minutes since the last dose of Dipl administer Fexofenadine 180 mg orally and Famotic intravenous once. Notify the treating physician. If no improvement after 15 minutes, advance leve (Moderate) or Grade 3 (Severe). Assess vital signs every 15 minutes until resolutio otherwise ordered by covering physician. 	g a new bag and new ast dose of mg intravenous henhydramine, dine 20 mg el of care to Grade 2
ONC NURSING COMMUNICATION 4Interval:Occurrences:Comments:Grade 2 – MODERATE Symptoms (cardiovascular, gastrointestinal symptoms – shortness of breath, wh vomiting, dizziness, diaphoresis, throat or chest tigh back pain)1. Stop the infusion.2. Notify the CERT team and treating physician imm 3. Place the patient on continuous monitoring.4. Obtain vital signs.5. Administer Oxygen at 2 L per minute via nasal ca maintain O2 saturation of greater than or equal to 9 6. Administer Normal Saline at 150 mL per hour usi new intravenous tubing.7. Administer Hydrocortisone 100 mg intravenous (i to Hydrocortisone, please administer Dexamethaso intravenous once.8. If no improvement after 15 minutes, advance level (Severe).9. Assess vital signs every 15 minutes until resolutio otherwise ordered by covering physician.	heezing, nausea, ntness, abdominal or nediately. annula. Titrate to 12%. ing a new bag and if patient has allergy oridine 20 mg el of care to Grade 3
ONC NURSING COMMUNICATION 83	
Interval: Comments:Occurrences: Grade 3 – SEVERE Symptoms (hypoxia, hypotensis compromise – cyanosis or O2 saturation less than 9 with systolic blood pressure less than 90 mmHg, co loss of consciousness, or incontinence) 1. Stop the infusion. 2. Notify the CERT team and treating physician imm 3. Place the patient on continuous monitoring. 4. Obtain vital signs. 5. If heart rate is less than 50 or greater than 120, o less than 90/50 mmHg, place patient in reclined or f 6. Administer Oxygen at 2 L per minute via nasal ca maintain O2 saturation of greater than or equal to 9. 7. Administer Normal Saline at 1000 mL intravenous	92%, hypotension onfusion, collapse, nediately. or blood pressure is flattened position. annula. Titrate to 2%.

bag and new intravenous tubing. 8. Administer Hydrocortisone 100 mg intravenous (if p to Hydrocortisone, please administer Dexamethasone and Famotidine 20 mg intravenous once. 9. Administer Epinephrine (1:1000) 0.3 mg subcutane 10. Assess vital signs every 15 minutes until resolutio otherwise ordered by covering physician.	e 4 mg intravenous) eous.
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.	
	form every 1 day x4
Appointment Requests INFUSION APPOINTMENT REQUEST	
Interval: Occurrences:	
Nursing Orders ONC NURSING COMMUNICATION 37	
Interval: Occurrences: Comments: Verify with the patient that a radiation appointment ha	as been scheduled.
Line Flush	

sodium chloride 0.9 % Ilush 20 mL Dose: 20 mL Start: S Nursing Orders sodium chloride 0.9 % Infusion 250 mL Dose: 200 mL Dose: 200 mL Pre-Medications: To keep vein open. Pre-Medications: To keep vein open. Pre-Medications: Type Dose Selected Adds Vol No DEXTRONE Medications 12 mg Yes No HCL (PF) 4 MG2 ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION DextROSE 5 % IN Base No Yes: WATER (DSW) MITRAVENOUS SOLUTION Dose: 12 mg Dose: 16 mg Dose: 12 mg Pose: 12 mg Pose: 13 mg Dose: 12 mg Pose: 13								
Nursing Orders sodium chloride 0.9 % Infusion 250 mL Dose: 250 mL Route: intravenous Start: S Instructions: To keep vein open. Pre-Medications (COECADRON) 12 mg in sodium chloride 0.9% S0 mL IVPB Dose: - Route: intravenous ONDANSETRON Medications 16 mg Ves No HCL (PF) 4 MG/2 ML INJECTION DEXAMETHASONE Medications 12 mg Ves No 4 MG/ML INJECTION SOLUTION DEXAMETHASONE Medications 12 mg Ves No 4 MG/ML INJECTION SOLUTION DEXTROSE 5 % IN Base No Yes WATER (D5W) NITRAVENOUS SOLUTION DEXTROSE 5 % IN Base No Yes Solution ONDANSETRON ONDAME Dose: 16 mg Dose: 16 mg Dose: 16 mg Poute: oral Once for 1 dose Start: S End: S 11:30 AM dexamethasone (DECADRON) tablet 12 mg Dose: 16 mg Dose: 12 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 End: S 11:30 AM Desc: 250 mg Route: intravenous Start: S End: S 11:30 Desc: 12 mg Route: oral Once for 1 dose Start: S Ingredient Nume Desc: 12 mg Route: oral Once for 1 dose Start: S Ingredient Nume Dose: 12 mg Route: oral Once for 1 dose Start: S Ingredient Nume Dose: 12 mg Route: oral Once over 30 Minutes for 1 dose Start: S Ingredient Nume Dose: 12 mg Route: intravenous Once over 30 Minutes for 1 dose Start: S IngredientS Name Dose: 12 mg Route: intravenous Once over 30 Minutes for 1 dose Start: S IngredientS Name Dose: 12 mg Route: intravenous CHUCNPYO(5% 130 mL/PF Dose: 130 mg Route: intravenous CHUCNPYO(5% 130 mL/PF Dose: 130 mg Route: intravenous CHUCNPYO(5% 130 mL/PF Norwenous NTRAVENOUS SOLUTION DEXTROSE 5% IN Base NO NEXTROSE NTRAVENOUS SOLUTION SOLUT			Dose: 20 mL		PRN			
sodium chloride 0.9 % infusion 250 mL Start: S Instructions: To keep vein open. once @ 30 mL/hr for 1 dose 30 mL/hr for 1 dose Pre-Medications once over 15 Minutes for 1 dose (DECADPRON) 12 mg in sodium chloride 0.9% 50 mL IVPB once over 15 Minutes for 1 dose Dose: Start: S Foute: intravenous that: S 11:30 AM once over 15 Minutes for 1 dose Ingredients: Name ONDANSETRON HC (PP 4 MG2 ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Type Dose Start: S Dose Selected Adds Vol MG2 ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Base 50 mL Always Always Yes Image: Start: S End: S 11:30 AM Base No Yes No Yes No Yes No Yes No GetAmetriazion Solution GetAmetriazion Solution Base No Yes Dose: 16 mg Route: oral once for 1 dose once for 1 dose Start: S End: S 11:30 AM Getamethasone (DECADRON) tablet 12 mg Dose: 12 mg Once for 1 dose For OUTPATIENT use only. For OUTPATIENT use only. aprepilant (CINVANTI) 130 mg in dextrose (NON-VVC) 5% 100 mL/MPB Once for 1 dose Start: S Start: S aprepilant (CINVANTI) 130 mg in dextrose (NGML Name NERPEPITI	Nursi	ng O						
Pre-Medications ordansetron (ZOFRAN) 16 mg, dexamethasone (COECADRON) 12 mg in sodium chloride 0.9% S0 mL I/VPB Dose:		•	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions:		once @ 30 m	L/hr for 1 c	lose	
ondansetron (ZOFRAN) 16 mg, dexamethasone ⊘ (DECADRON) 12 mg in sodium chloride 0.9% S0 mL IVPB Dose: Route: intravenous Start: S End: S 11:30 AM Ingredients: Name Type Dose Selected Adds Vol ONDANSETRON Medications 16 mg Yes No HCL (PF) 4 MG/2 ML INJECTION Base 50 mL Always Yes No SOLUTION SOLUTION SOLUTION Base 50 mL Always Yes No GONDANSETRON MG/AL INJECTION SOLUTION SOLUTION No Yes No GONDANSETRON Base 50 mL Always Yes No Yes SOLUTION SOLUTION Base No Yes Yes Yes Ondansetron (ZOFRAN) tablet 16 mg Once for 1 dose Start: S End: S 11:30 AM Intravenous Soluti: Intravenous Soluti: Intravenous Start: S Start: S End: S 3:00 PM Intravenous Intravenous Intravenous Intravenous Soluti: Intravenous Ince over 30 Minutes for 1 dose S	Dro M	India	in the second					
Dose:	Pre-IV		ondansetron (ZOFRAN (DECADRON) 12 mg in		ne			
Ingredients: Name Type Dose Selected Adds Vol ONDANSETRON Medications 16 mg Yes No HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXAMETHASONE Medications 12 mg Yes No MIL INJECTION DEXAMETHASONE Medications 12 mg Yes No 4 MG/ML INJECTION SOLUTION Base 50 mL Always Yes SODIUM Base 50 mL Always Yes Yes Yes SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN Base No Yes Dose: 16 mg Route: oral once for 1 dose Start: S End: S 11:30 AM Instructions: Start: S End: S 11:30 AM once for 1 dose Start: S Start: S Dose: 12 mg Route: oral once for 1 dose Start: S Start: S </td <td></td> <td></td> <td>Dose:</td> <td></td> <td>once over 15</td> <td>Minutes fo</td> <td>r 1 dose</td> <td></td>			Dose:		once over 15	Minutes fo	r 1 dose	
DEXAMETHASONE Medications 12 mg Yes No 4 MG/ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN Base 50 mL Always Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base No Yes WATER (D5W) INTRAVENOUS SOLUTION Ordansetron (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 End: S 11:30 AM dexamethasone (DECADRON) tablet 12 mg Dose: 250 mcg Route: intravenous 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 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 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 11:00 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 1:00 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S 100 mL IVPB Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Name APREPITANT 7.2 Medications 130 mg Main Yes Ingredient INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (DSW) IV SOLP (EXCEL; NON-PVC)				Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION				
CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base No Yes WATER (D5W) INTRAVENOUS SOLUTION 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 End: S 11:30 AM Desc: 250 mcg Route: intravenous 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 Start: S End: S 3:00 PM Instructions: For OUTPATIENT use only. APREPITANT 7.2 MG/ML INTRAVENOUS SEMULSION DEXTROSE 5 % IN Base 130 mg Main Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC)				DEXAMETHASONE 4 MG/ML INJECTION	Medications	12 mg	Yes	No
DEXTROSE 5 % IN Base No Yes WATER (D5W) INTRAVENOUS SOLUTION ondansetron (ZOFRAN) tablet 16 mg once for 1 dose Dose: 16 mg Route: oral once for 1 dose Start: S End: S 11:30 AM dexamethasone (DECADRON) tablet 12 mg once for 1 dose Dose: 12 mg Route: oral once for 1 dose Start: S Palonosetron (ALOXI) injection 0.25 mg once for 1 dose Dose: 250 mcg Route: intravenous once for 1 dose Start: S End: S 3:00 PM Instructions: For OUTPATIENT use only. For OUTPATIENT use only. once over 30 Minutes for 1 dose Start: S End: S Start: S Ingredients: Name Type Dose APREPITANT 7.2 MG/ML Main Yes MG/ML INTRAVENOUS EMULSION DextTROSE 5 % IN Base 130 mL Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) Yes Yes				CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Always	Yes
Dose: 16 mg Start: S Route: oral End: S 11:30 AM once for 1 dose Image: determine				DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base		No	Yes
Dose: 16 mg Start: S Route: oral End: S 11:30 AM once for 1 dose Image: determine			ondansetron (ZOFRAN	I) tablet 16 mg				
Dose: 12 mg Start: S Route: oral once for 1 dose palonosetron (ALOXI) injection 0.25 mg Dose: 250 mcg Start: S note: intravenous End: S 3:00 PM once for 1 dose Japrepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL rote: intravenous Pose: 130 mg once over 30 Minutes for 1 dose Dose: 130 mg Start: S Route: intravenous End: S once over 30 Minutes for 1 dose Dose: 130 mg Start: S Route: intravenous End: S once over 30 Minutes for 1 dose Mame APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base Type Main Sourt Yes Selected Adds Vol Main Yes Matrin Yes NON-PVC) SOLP (EXCEL; NON-PVC) Non PVC) Yes			Dose: 16 mg	Route: oral	once for 1 dos	se		
Dose: 12 mg Start: S Route: oral once for 1 dose palonosetron (ALOXI) injection 0.25 mg Dose: 250 mcg Start: S note: intravenous End: S 3:00 PM once for 1 dose Japrepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL rote: intravenous Pose: 130 mg once over 30 Minutes for 1 dose Dose: 130 mg Start: S Route: intravenous End: S once over 30 Minutes for 1 dose Dose: 130 mg Start: S Route: intravenous End: S once over 30 Minutes for 1 dose Mame APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base Type Main Sourt Yes Selected Adds Vol Main Yes Matrin Yes NON-PVC) SOLP (EXCEL; NON-PVC) Non PVC) Yes			dexamethasone (DECA	ADRON) tablet 12 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 once over 30 Minutes for 1 dose Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Name Type Dose APREPITANT 7.2 MG/ML MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) NON-PVC)			Dose: 12 mg	· · ·	once for 1 do	se		
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 once over 30 Minutes for 1 dose Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Name Type Dose APREPITANT 7.2 MG/ML MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) NON-PVC)			palonosetron (ALOXI)	injection 0.25 mg				
 (NON-PVC) 5% 130 mL IVPB Dose: 130 mg Start: S Ingredients: Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes<			Dose: 250 mcg Start: S Instructions:	Route: intravenous End: S 3:00 PM	once for 1 dos	se		
Image: Contract of the second state is the second state								
Ingredients: Name Type Dose Selected Adds Vol APREPITANT 7.2 Medications 130 mg Main Yes MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC)			Dose: 130 mg	Route: intravenous	once over 30	Minutes fo	r 1 dose	
DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC)				Name APREPITANT 7.2 MG/ML INTRAVENOUS			Main	Yes
				DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL;	Base	130 mL	Yes	Yes
					Base	130 mL	No	Yes

		CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)				
Cher	notherapy					
Union	etoposide (TOPOSAR chloride 0.9 % 150 mL Dose: 30 mg Instructions:		once over 1 F Offset: 30 Mir		dose	
	Ingredients:	Name ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 30 mg	Main Ingredient	
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base /		Yes	Yes
Chen	notherapy					
0.1011		latin) 30 mg in sodium				
	chloride 0.9 % 250 mL Dose: 30 mg		once over 60 Offset: 1.5 Ho		or 1 dose	
	Ingredients:	Name CARBOPLATIN 10 MG/ML INTRAVENOUS SOLUTION		Dose 30 mg	Selected Main Ingredient	Adds Vol. Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base QS Base	250 mL 247 mL	No Yes	Yes
Hema	atology & Oncology Hyperser	INTRAVENOUS SOLUTION	o Order			
	ONC NURSING COMM Interval: Comments:	 IUNICATION 82 Occurrences: Grade 1 - MILD Sympto only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equa Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenading intravenous once. 7. Notify the treating phy 8. If no improvement after (Moderate) or Grade 3 (periorbital ede continuous mo aline at 50 mL al to 30 minute nister Diphenh s since the las e 180 mg orall ysician. er 15 minutes,	ma, rash, o nitoring. per hour u es since the hydramine st dose of E y and Fam	or runny no sing a new e last dose 25 mg intra Diphenhydr otidine 20 r	bag and nev of ivenous amine, ng

ONC NURSING COMM		
Interval: Comments:	gastrointestinal symptom vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and sone 100 mg intravenous (if patient has allergy be administer Dexamethasone 4 mg line 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM		
Interval: Comments:	compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrin	a and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new s tubing. sone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once. he (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
diphenhydrAMINE (BE	ENADRYL) injection 25	
mg Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
famotidine (PEPCID) 2	0 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN

	hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg		PRN
		CADRON) injection 4 mg Route: intravenous	PRN
	Dose: 4 mg Start: S	Roule. Intravenous	FRIN
	injection syringe 0.3	NALIN) 1 mg/10 mL ADU s mg	LT
	Dose: 0.3 mg Start: S	Route: subcutaneous	PRN
Disch	arge Nursing Orders		
	ONC NURSING COM Interval:	Occurrences:	
	Comments:	Discontinue IV.	
Disch	arge Nursing Orders		
	sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	IEParin, porcine (PI	F) injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
		units/mL. Heparin flush for Access Device	ſ