

OP CARBOPLATIN / PACLITAXEL / BEVACIZUMAB (DOSE DENSE)

Types: ONCOLOGY TREATMENT

Synonyms: CARB, PARA, CARBOPLATIN, PARAPLATIN, PACLITAXEL, TAXOL, DOSE DENSE, PACKLITAXEL, PAKLITAXEL, TAX, PAC, PAK, PARA, BEVA, AVAST

| Cycles 1 to 3 | Repeat 3 times | Cycle length: 21 days |
|--|----------------|------------------------|
| Day 1 | | Perform every 1 day x1 |
| Appointment Requests | | |
| INFUSION APPOINTMENT REQUEST | | |
| Interval: -- Occurrences: -- | | |
| Labs | | |
| <input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> MAGNESIUM LEVEL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> CANCER ANTIGEN 125 | | |
| 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

Interval: -- Occurrences: --
 Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.

Nursing Orders

TREATMENT CONDITIONS 5

Interval: -- Occurrences: --
 Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

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 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 20 mg

Dose: 20 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

| 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 |

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.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-------|-----------------|-----------|
| | DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION | Medications | 50 mg | Main Ingredient | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | 50 mL | No | Yes |

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.

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
Start: S

Instructions:
Pre-med for Avastin

diphenhydrAMINE (BENADRYL) tablet 25 mg

Dose: 25 mg Route: oral once for 1 dose
Start: S

Instructions:
Pre-med for Avastin

dexamethasone (DECADRON) injection 10 mg

Dose: 10 mg Route: intravenous once for 1 dose
Start: S

Instructions:
Pre-med for Avastin

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

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

Chemotherapy

PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

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

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-----------------------------------|-------------|----------|-----------------|-----------|
| | PACLITAXEL 6 MG/ML CONCENTRATE,IN | Medications | 80 mg/m2 | Main Ingredient | Yes |

| | | | |
|---|---------|-----|-----|
| TRAVENOUS SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | No | Yes |

Chemotherapy

CARBOplatin (PARAplatin) in dextrose 5% 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 | Medications | | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION 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 |

Chemotherapy

bevacizumab (AVASTIN) 15 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 15 mg/kg

Route: intravenous once over 30 Minutes for 1 dose

Start: S

End: S 12:15 PM

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|----------|--------------------|-----------|
| | BEVACIZUMAB 25 MG/ML | Medications | 15 mg/kg | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 100 mL | Yes | Yes |

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --
Comments:

Occurrences: --
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 O₂ 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 O₂ 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 O₂ 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.

Post-Medications

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).

Day 8

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

URINALYSIS, AUTOMATED WITH MICROSCOPY

Interval: -- Occurrences: --

CANCER ANTIGEN 125

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) 8 mg, dexamethasone (DECADRON) 10 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. |
|--------------|------|------|------|----------|------|------|
|--------------|------|------|------|----------|------|------|

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.

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

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

Chemotherapy

PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

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

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|----------|-----------------|-----------|
| | PACLITAXEL 6 MG/ML CONCENTRATE, INTRAVENOUS SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | Medications | 80 mg/m2 | Main Ingredient | Yes |
| | DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | | Yes | Yes |
| | | 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.

Post-Medications

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).

Day 15

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

URINALYSIS, AUTOMATED WITH MICROSCOPY

Interval: -- Occurrences: --

CANCER ANTIGEN 125

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 (ZOFRAN) 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 |

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.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---------------------------|-------------|-------|----------------|-----------|
| | DIPHENHYDRAMIN E 50 MG/ML | Medications | 50 mg | Main Inredient | No |

| | | | | |
|--|------|-------|-----|-----|
| INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | 50 mL | No | Yes |

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.

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

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

Chemotherapy

PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

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

Ingredients:

| Name | Type | Dose | Selected | Adds Vol. |
|--|-------------|----------|-----------------|-----------|
| PACLITAXEL 6 MG/ML CONCENTRATE, INTRAVENOUS SODIUM CHLORIDE 0.9 % IV | Medications | 80 mg/m2 | Main Ingredient | Yes |
| | QS Base | | Yes | Yes |

SOLP
(EXCEL;NON-PVC)
DEXTROSE 5 % IN QS Base No Yes
WATER (D5W) IV
SOLP (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.

Post-Medications

**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).