

OP CEOP

Types: ONCOLOGY TREATMENT

Synonyms: CEOP, LYMPHOMA, LIMP, CYCLOPHOSPHAMIDE, VINCRISTINE, ETOPOSIDE, PREDNISONE

Take-Home Medications		Repeat 1 time	Cycle length: 1 day
Day 1	Perform every 1 day x1		
	Take-Home Medications Prior to Treatment		
	predniSONE (DELTASONE) 50 MG tablet		
	Dose: 100 mg	Route: oral	daily
	Dispense: 10 tablet	Refills: 6	
	Start: S	End: S+5	
	Take-Home Medications Prior to Treatment		
	ondansetron (ZOFTRAN) 8 MG tablet		
	Dose: 16 mg	Route: oral	daily
	Dispense: 4 tablet	Refills: 6	
Start: S+1	End: S+3		
Cycles 1 to 6		Repeat 6 times	Cycle length: 21 days
Day 1	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		
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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

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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) 16 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

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN

Base

No

Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

☐ **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

Instructions:

Give ONLY if patient had NOT taken their scheduled dose of ORAL dexamethasone on day of chemotherapy treatment.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	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

☐ **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

Breakthrough Anti-Emetics

☐ **diphenhydramine (BENADRYL) tablet 12.5-25 mg**

Dose: 12.5-25 mg Route: oral every 4 hours PRN

Start: S

- ☐ **diphenhydramine (BENADRYL) injection 12-25 mg**

Dose: 12-25 mg Route: intravenous every 4 hours PRN
Start: S

- ☐ **promethazine (PHENERGAN) tablet 12.5-25 mg**

Dose: 12.5-25 mg Route: oral every 4 hours PRN
Start: S

- ☐ **promethazine (PHENERGAN) injection 12.5 mg**

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

- ☐ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 25 mg Route: intravenous every 4 hours PRN over 30 Minutes
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML INJECTION SOLUTION	Medications	25 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

- ☐ **LORazepam (ATIVAN) tablet 0.5-1 mg**

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

- ☐ **LORazepam (ATIVAN) injection 0.5-1 mg**

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

- ☐ **haloperidol (HALDOL) tablet 0.5-1 mg**

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

- ☐ **haloperidol lactate (HALDOL) injection 0.5-1 mg**

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

- ☐ **metoclopramide (REGLAN) tablet 10 mg**

Dose: 10 mg Route: oral every 4 hours PRN
Start: S

- ☐ **metoclopramide (REGLAN) injection 10 mg**

Dose: 10 mg Route: intravenous every 4 hours PRN
Start: S

- ☐ **dexamethasone (DECADRON) tablet 10 mg**

Dose: 10 mg Route: oral every 12 hours PRN
Start: S

- ☐ **dexamethasone (DECADRON) injection 10 mg**

Dose: 10 mg Route: intravenous every 12 hours PRN
Start: S

Nursing Orders

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Interval: --
Comments:

Occurrences: --
Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

cyclophosphamide (CYTOXAN) 750 mg/m² in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 750 mg/m²

Route: intravenous

once over 60 Minutes for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	750 mg/m ²	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

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: 1.5 Hours

Instructions:

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/m ²	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

etoposide (TOPOSAR) 300 mg/m² in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

Dose: 300 mg/m²

Route: intravenous

once over 72 Hours for 1 dose
Offset: 1.75 Hours

Instructions:

Administer through a 0.22 micron filter and non-PVC tubing set. Final concentration: 0.2 mg/mL.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	300 mg/m ²	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLN (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

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 4

Perform every 1 day x1

Appointment Requests

**ONC PUMP DISCONNECT APPOINTMENT
REQUEST**

Interval: -- Occurrences: --

Discharge Nursing Orders

DISCONNECT CONTINUOUS INFUSION PUMP

Interval: -- Occurrences: --
Comments: Disconnect patient from continuous infusion pump.

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.