

OP CHOEP (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: CHOEP, LYMPHOMA, NHL, CYCLOPHOSPHAMIDE, VINCRISTINE, ETOPOSIDE, PREDNISONE, DOXORUBICIN

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	
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		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: --	Occurrences: --	
<input type="checkbox"/> BASIC METABOLIC PANEL		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: --	Occurrences: --	
<input type="checkbox"/> LDH		
Interval: --	Occurrences: --	
<input type="checkbox"/> URIC ACID LEVEL		
Interval: --	Occurrences: --	
<input type="checkbox"/> 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

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.

Hydration

sodium chloride 0.9 % infusion 1,000 mL
 Dose: 1,000 mL Route: intravenous once @ 100 mL/hr for 1 dose
 Start: S

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) 20 mg in sodium chloride 0.9% IVPB

Dose: 20 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	20 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.

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
Start: S

Route: intravenous

every 4 hours PRN over 30 Minutes

Ingredients:

Name
PROMETHAZINE
25 MG/ML
INJECTION
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Type
Medications

Dose
25 mg

Selected
Main
Ingredient

Adds Vol.
No

Base

50 mL

Always

Yes

LORazepam (ATIVAN) tablet 0.5-1 mg

Dose: 0.5-1 mg
Start: S

Route: oral

every 4 hours PRN

LORazepam (ATIVAN) injection 0.5-1 mg

Dose: 0.5-1 mg
Start: S

Route: intravenous

every 4 hours PRN

haloperidol (HALDOL) tablet 0.5-1 mg

Dose: 0.5-1 mg
Start: S

Route: oral

every 4 hours PRN

haloperidol lactate (HALDOL) injection 0.5-1 mg

Dose: 0.5-1 mg
Start: S

Route: intravenous

every 4 hours PRN

metoclopramide (REGLAN) tablet 10 mg

Dose: 10 mg
Start: S

Route: oral

every 4 hours PRN

metoclopramide (REGLAN) injection 10 mg

Dose: 10 mg
Start: S

Route: intravenous

every 4 hours PRN

dexamethasone (DECADRON) tablet 10 mg

Dose: 10 mg
Start: S

Route: oral

every 12 hours PRN

dexamethasone (DECADRON) injection 10 mg

Dose: 10 mg
Start: S

Route: intravenous

every 12 hours PRN

Nursing Orders

ONC NURSING COMMUNICATION 36

Interval: --

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

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

Dose: 50 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Protect from light; VESICANT

Ingredients:

Name
DOXORUBICIN 50
MG/25 ML
INTRAVENOUS
SOLUTION

Type
Medications

Dose
50 mg/m2

Selected
Main
Ingredient

Adds Vol.
Yes

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 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 10 Minutes for 1 dose
Offset: 60 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

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: 60 Minutes

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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

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: 120 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	750 mg/m2	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

SOLUTION

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 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.