Protocol Index

OP CHOP

Types: ONCOLOGY TREATMENT
Synonyms: CHOP, LYMPHOMA, LIMP, CYCLOPHOSPHAMIDE, VINCRISTINE, DOXORUBICIN, 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

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: --

☑ **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

TREATMENT CONDITIONS 39
Interval: -- Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- 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

ONC VERIFY PATIENT HAS PRESCRIPTION

Interval: -- Occurrences: --

Comments: Verify that patient has a prescription for oral Prednisone to be started on Days 1-5. If not, please contact physician.

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

Offset: 30 Minutes

☐ **dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% IVPB**

Dose: 12 mg | Route: intravenous | once over 15 Minutes for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		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
Offset: 30 Minutes

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	Medications	25 mg	Main Ingredient	No

SOLUTION					
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

ONC NURSING COMMUNICATION 36
Interval: -- Occurrences: --
Comments: 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/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

☑ **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:
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

☑ **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: 1.75 Hours

Instructions:
Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	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

☐ **DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9% 100 mL chemo infusion - AMBULATORY PUMP**

Dose: 50 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 1.75 Hours

Instructions:
Protect from light; VESICANT. Nurses to chart as GIVEN on the MAR. Administer via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	100 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.

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).