

# OP CIA

Types: ONCOLOGY TREATMENT

Synonyms: CIA, LEUKEMIA, LIMP, CLOFARABINE, IDARUBICIN, CYTARABINE, AML

<b>Cycles 1 to 3</b>	Repeat 3 times	Cycle length: 28 days
<b>Days 1,2,3</b>	Perform every 1 day x3	
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>BASIC METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>LDH</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>URIC ACID LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</b>		
Interval: -- Occurrences: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<b>TREATMENT CONDITIONS 39</b>		
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		
<b>TREATMENT CONDITIONS 40</b>		
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.

Pre-Medications

**ondansetron (ZOFRAN) 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 Base No Yes  
 WATER (D5W)  
 INTRAVENOUS  
 SOLUTION

**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

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

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

Nursing Orders

**ONC NURSING COMMUNICATION 36**

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

Chemotherapy

**clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 20 mg/m2 Route: intravenous once over 1 Hours for 1 dose  
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	20 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

**IDArubicin (IDAMycin) 10 mg/m2 in dextrose 5% 50 mL chemo IVPB**

Dose: 10 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 1.5 Hours

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

IDARUBICIN 1  
MG/ML

Medications

10 mg/m2

Main

Yes

INTRAVENOUS  
SOLUTION

SODIUM  
CHLORIDE 0.9 %

QS Base

No

Yes

INTRAVENOUS  
SOLUTION

DEXTROSE 5 % IN  
WATER (D5W)

QS Base

50 mL

Yes

Yes

INTRAVENOUS  
SOLUTION

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in  
dextrose 5% 500 mL chemo IVPB**

Dose: 1,000 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 1.75 Hours

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

CYTARABINE (PF)  
2 GRAM/20 ML (100  
MG/ML) INJECTION

Medications

1,000  
mg/m2

Main

Yes

SOLUTION

SODIUM  
CHLORIDE 0.9 %

QS Base

500 mL

No

Yes

INTRAVENOUS  
SOLUTION

DEXTROSE 5 % IN  
WATER (D5W)

QS Base

500 mL

Yes

Yes

INTRAVENOUS  
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.

**Days 4,5**

Perform every 1 day x2

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**

**TREATMENT CONDITIONS 39**

Interval: -- Occurrences: --

Comments:

- Potassium (Normal range 3.5 to 5.0mEq/L)
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  - o Protocol applies only to same day lab value.
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  - 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**

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	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 (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

**palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg      Route: intravenous      once for 1 dose  
Start: S      End: S 3:00 PM  
Instructions:  
For OUTPATIENT use only.

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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	Base	130 mL	No	Yes

CHLORIDE 0.9 % IV  
SOLP  
(EXCEL;NON-PVC)

Chemotherapy

**clofarabine (CLOLAR) 20 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 20 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML INTRAVENOUS SOLUTION	Medications	20 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

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 1,000 mg/m2      Route: intravenous      once over 2 Hours for 1 dose  
Offset: 1.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 2 GRAM/20 ML (100 MG/ML) INJECTION SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	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.