

OP CLADRIBINE (WEEKLY)

Types: ONCOLOGY TREATMENT

Synonyms: HAIRY, LEUKE, LEUST, CLADR, HCL, WEEKLY

Cycle 1	Repeat 1 time	Cycle length: 43 days
Days 1,8,15,22,29,36	Perform every 7 days x6	
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 checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
<input type="checkbox"/> LDH		
Interval: -- Occurrences: --		
<input type="checkbox"/> URIC ACID LEVEL		
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 areater. 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

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) tablet 8 mg
 Dose: 8 mg Route: oral once for 1 dose
 Start: S
 Instructions:
 Administer 30 minutes before chemotherapy.

ondansetron (ZOFTRAN) injection 8 mg
 Dose: 8 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Administer 30 minutes before chemotherapy.

Chemotherapy

cladribine (LEUSTATIN) 0.15 mg/kg in sodium chloride 0.9 % 500 mL chemo IVPB
 Dose: 0.15 mg/kg Route: intravenous once over 2 Hours for 1 dose
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLADRIBINE 10 MG/10 ML INTRAVENOUS SOLUTION	Medications	0.15 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	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.