

## OP CLOFARABINE / CYTARABINE

Types: ONCOLOGY TREATMENT

Synonyms: CYTOS, CLOLA, ARAC, ARA, AML, CLOFAR, AML, MYEL, ACUTE, LEUK

<b>Take-Home Medications</b>	Repeat 1 time	Cycle length: 1 day
<b>Day 1</b>		Perform every 1 day x1
Take-Home Medications Prior to Treatment		
<b>prednisolONE acetate (PRED FORTE) 1 % ophthalmic suspension</b>		
Dose: --                      Route: -- Dispense: --                Refills: -- Start: S		
<b>Cycle 1</b>	Repeat 1 time	Cycle length: 7 days
<b>Days 1,2,3,4,5</b>		Perform every 1 day x5
Appointment Requests		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: --                      Occurrences: --		
Labs		
<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 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: --		
Outpatient Electrolyte Replacement Protocol		
<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		



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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION				
	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

Chemotherapy

**clofarabine (CLOLAR) 40 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 40 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 30 Minutes

Instructions:  
Check vitals and monitor blood pressure with administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CLOFARABINE 20 MG/20 ML	Medications	40 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	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

Nursing Orders

**ONC NURSING COMMUNICATION 68**

Interval: --      Occurrences: --  
Comments:      Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Nursing Orders

**ONC NURSING COMMUNICATION 72**

Interval: --      Occurrences: --  
Comments:      Begin cytarabine 4 hours after start of clofarabine.

Chemotherapy

**cytarabine PF (CYSTOSAR) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 1,000 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 5.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Supportive Care

**prednisolONE acetate (PRED FORTE) 1 %  
ophthalmic suspension 2 drop**

Dose: 2 drop                      Route: Both Eyes                      every 4 hours while awake  
Start: S

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.