Protocol Index

OP CVP

Types: ONCOLOGY TREATMENT
Synonyms: CVP, LYMPHOMA, CYCLOPHOSPHAMIDE, VINCRISTINE, ONCOVIN, NON, PREDNISONE, NHL, CYTOXAN, DELTASONE

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)
- 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

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 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	No	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

☐ **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

Instructions:

Give ONLY if patient had NOT taken their scheduled dose of ORAL dexamethasone on day of chemotherapy treatment.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	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 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

☐ **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

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 SOLUTION	Medications	25 mg	Main Ingredient	No
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

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

Instructions:
Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYCLOPHOSPHAMIDE 1 GRAM	Medications	750 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	

Chemotherapy

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:
FATAL IF GIVEN INTRATHECALLY.
Maximum 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	QS Base	50 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.