

# OP CYCLOPHOSPHAMIDE / VINCRISTINE / MERCAPTOPYRINE / CYTARABINE / PEGASPARGASE

Types: ONCOLOGY TREATMENT

Synonyms: ALL, ARA, ARAC, ACUTE, LYMPHO, LEUKE, ADULT, EARLY, CYCLO, CYTOX, VINCR, MERCAPT, CYTARA, PEGAS, CYTAR, METHOT, ONCOV, ONCASP, ADULT, EARLY, INTENS

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
<b>Day 1</b>		Perform every 1 day x1
Take-Home Medications Prior to Treatment		
<b>mercaptopurine (PURINETHOL) 50 mg chemo tablet</b>		
Dose: 50 mg	Route: oral	
Dispense: --	Refills: --	
Start: S		
Comments:		
On days 1 through 14 of treatment in all cycles. Take a least 1 hour after evening meal without milk or citrus products.		
Instructions:		
On days 1 through 14 of treatment in all cycles. Take a least 1 hour after evening meal without milk or citrus products.		
Cycle 1	Repeat 1 time	Cycle length: 28 days
<b>Day 1</b>		Perform every 1 day x1
Appointment Requests		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: --	Occurrences: --	
Labs		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: --	Occurrences: --	
Labs		
<input checked="" type="checkbox"/> <b>LIPASE LEVEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>AMYLASE LEVEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>FIBRINOGEN</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

#### 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

#### 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) 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

Medications

16 mg

Yes

No

HCL (PF) 4 MG/2

ML INJECTION

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

4 MG/ML

INJECTION

SOLUTION

SODIUM

Base

50 mL

Always

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

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	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

Nursing Orders

**TREATMENT CONDITIONS 29**

Interval: --                      Occurrences: --  
 Comments:                      HOLD and notify provider if ANC LESS than 750; platelets LESS than 75,000.

Chemotherapy

**cyclophosphamide (CYTOXAN) 1,000 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 1,000 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Chemotherapy

**cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 75 mg/m2      Route: intravenous      once over 30 Minutes for 1 dose

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Nursing Orders

**sodium chloride 0.9 % infusion 500 mL**

Dose: 500 mL      Route: intravenous      once @ 500 mL/hr for 1 dose  
Start: S

Intrathecal Injections

**methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 15 mg      Route: intrathecal      once over 5 Minutes for 1 dose  
Start: S      End: S

Instructions:

INTRATHECAL VIA DIRECT LUMBAR PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5 mL. This dose is NOT to be combined with cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
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METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	15 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.4 mL	Yes	Yes

**ONC PROVIDER COMMUNICATION 29**

Interval: -- Occurrences: --  
 Comments: Send CSF for cell count and cytology with every intrathecal administration.

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 2,3,4**

Perform every 1 day x3

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: -- Occurrences: --

Labs

**COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

**MAGNESIUM LEVEL**

Interval: -- Occurrences: --

Labs

**LIPASE LEVEL**

Interval: -- Occurrences: --

**AMYLASE LEVEL**

Interval: -- Occurrences: --

**FIBRINOGEN**

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

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) 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 %	Base	50 mL	Always	Yes

INTRAVENOUS SOLUTION  
 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	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

**cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	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.

**Days 8,9,10,11**

Perform every 1 day x4

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

Labs

**COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

**MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

Labs

**LIPASE LEVEL**

Interval: --                      Occurrences: --

**AMYLASE LEVEL**

Interval: --                      Occurrences: --

**FIBRINOGEN**

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

**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) injection 8 mg**

Dose: 8 mg                      Route: intravenous                      once for 1 dose  
 Start: S                      End: S 11:15 AM

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                      once for 1 dose  
 Start: S

**ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg                      Route: intravenous                      once over 15 Minutes for 1 dose  
 Start: S                      End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

**Chemotherapy**

**cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**  
 Dose: 75 mg/m2                      Route: intravenous                      once over 30 Minutes for 1 dose

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

SOLUTION  
DEXTROSE 5 % IN QS Base                      No              Yes  
WATER (D5W)  
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.

**Day 15**

Perform every 1 day x1

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

Labs

**COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

**MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

Labs

**LIPASE LEVEL**

Interval: --                      Occurrences: --

**AMYLASE LEVEL**

Interval: --                      Occurrences: --

**FIBRINOGEN**

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

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) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose  
 Start: S End: S 11:15 AM

**ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose  
 Start: S

**ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Nursing Orders

**TREATMENT CONDITIONS 28**

Interval: -- Occurrences: --  
 Comments: MD must review results of amylase, lipase, and fibrinogen prior to patient receiving peg-asparaginase.

Chemotherapy

**vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 2 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S

Instructions:  
 DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Chemotherapy

**pegaspargase (ONCASPARG) 2,000 Units/m2 in dextrose 5% 100 mL chemo IVPB**

Dose: 2,000 Units/m2 Route: intravenous once over 2 Hours for 1 dose  
 Offset: 30 Minutes

Instructions:  
 Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,000 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 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.

Day 22

Perform every 1 day x1

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: -- Occurrences: --

Labs

**COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

**MAGNESIUM LEVEL**

Interval: -- Occurrences: --

Labs

**LIPASE LEVEL**

Interval: -- Occurrences: --

**AMYLASE LEVEL**

Interval: -- Occurrences: --

**FIBRINOGEN**

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

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.

Chemotherapy

**vinCRISTine (ONCOVIN) 2 mg in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 2 mg      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S  
Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg (independent of BSA calculation).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	2 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	48 mL	Yes	Yes

Discharge Nursing Orders

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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.