Protocol Index

OP DOCETAXEL / CAPECITABINE

Types: ONCOLOGY TREATMENT
Synonyms: CAPECITABINE, DOCETAXEL, TAXOTERE, XELODA, ZELO, TACS, DOX, DOS, CAP, BREAST

Take-Home Medications Repeat 1 time Cycle length: 1 day

Day 1 Perform every 1 day x1

Pre-Medications

○ **dexamethasone (DECADRON) 4 MG tablet**

Dose: 8 mg Route: oral 2 times daily
Dispense: 12 tablet Refills: 0
Start: S End: S+3
Instructions:
Start day prior to chemotherapy administration.

Take-Home Medications Prior to Treatment

capecitabine (XELODA) 500 mg chemo tablet
Dose: 950 mg/m2 Route: oral 2 times daily
Dispense: -- Refills: --
Start: S End: S+14

Cycles 1 to 4 Repeat 4 times Cycle length: 21 days

Day 1 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: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**
Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**
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.

Nursing Orders

ONC NURSING COMMUNICATION 15
Interval: -- Occurrences: --
Comments: Verify that the patient has taken appropriate oral chemotherapy medication from home prescription.

Nursing Orders

ONC NURSING COMMUNICATION 8
Interval: -- Occurrences: --
Comments: Verify that patient took DEXAMETHASONE orally prior to chemotherapy. Otherwise, please contact physician to order Dexamethasone IV.

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

☐ **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

Pre-Medications

☑ **diphenhydrAMINE (BENADRYL) injection 25 mg**
Dose: 25 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Administer via slow IV push 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9% 50 mL IVPB**
Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:45 AM
Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DIPHENHYDRAMINE 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☐ **diphenhydrAMINE (BENADRYL) tablet 25 mg**
Dose: 25 mg Route: oral once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) tablet 50 mg**
Dose: 50 mg Route: oral once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☑ **famotidine (PEPCID) injection 20 mg**
Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**
Dose: 20 mg Route: oral once for 1 dose

Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg | Route: oral | once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

Supportive Care

○ **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg | Route: intravenous | once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg | Route: oral | once PRN
Start: S

Antiemetics

○ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg | Route: injection | once PRN
Start: S

Chemotherapy

DOCEtaxel (TAXOTERE) 75 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 75 mg/m2 | Route: intravenous | once over 60 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DOCETAXEL 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	QS Base	250 mL	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.