

OP DOCETAXEL

Types: ONCOLOGY TREATMENT

Synonyms: TAXOTERE, DOCETAXEL, TAXO, DOCE, 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.			
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

ONC NURSING COMMUNICATION 8

Interval: --

Occurrences: --

Comments:

Verify that patient took DEXAMETHASONE orally prior to chemotherapy. Otherwise, please contact physician to order Dexamethasone IV.

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 (ZOFTRAN) 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

Medications

130 mg

Main

Yes

INTRAVENOUS
EMULSIONDEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)SODIUM
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP
(EXCEL;NON-PVC)

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.**DIPHENHYDRAMIN
E 50 MG/ML

Medications

50 mg

Main

No

INJECTION
SOLUTIONSODIUM
CHLORIDE 0.9 %

Base

50 mL

Yes

Yes

INTRAVENOUS
SOLUTIONDEXTROSE 5 % IN
WATER (D5W)

Base

50 mL

No

Yes

INTRAVENOUS
SOLUTION☐ **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) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 100 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	100 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.

Post-Medications

☐ **pegfilgrastim (NEULASTA) on-body injection
kit 6 mg**

Dose: 6 mg

Route: subcutaneous

once for 1 dose

Start: S

End: S

Instructions:

Apply to intact, nonirritated skin on the back of
the arm or abdomen (only use the back of the
arm if caregiver is available to monitor
On-body injection status).