

OP EOF

Types: ONCOLOGY TREATMENT

Synonyms: EPIRUB, OXALIP, FLUOR, 5FU, EOF, GAST, COLOR

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		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
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 4

Interval: -- Occurrences: --
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than 3 times upper normal limit; or Serum Creatinine GREATER than 1.2

Provider Communication

ONC PROVIDER COMMUNICATION

Interval: -- Occurrences: --
 Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Line Flush

dextrose 5% flush syringe 20 mL

Dose: 20 mL Route: intravenous PRN
 Start: S
 Instructions: Administer ONLY for Oxaliplatin.

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
 Start: S
 Instructions: Do NOT administer with Oxaliplatin.

Nursing Orders

dextrose 5% infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
 Start: S
 Instructions: To keep vein open for Oxaliplatin.

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. Do NOT administer with Oxaliplatin.

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

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

Chemotherapy

epirubicin (ELLENCE) 50 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:
 Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	EPIRUBICIN 50 MG/25 ML	Medications	50 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes

INTRAVENOUS SOLUTION
 DEXTROSE 5 % IN Base 50 mL No Yes
 WATER (D5W)
 INTRAVENOUS SOLUTION

OXALIPlatin (ELOXATIN) 130 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 130 mg/m2 Route: intravenous once over 2 Hours for 1 dose
 Offset: 45 Minutes

Instructions:
 Irritant - avoid extravasation. Flush line with D5W before and after oxaliplatin infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	OXALIPLATIN 100 MG/20 ML	Medications	130 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	500 mL	Yes	Yes
	INTRAVENOUS SOLUTION				

fluorouracil (ADRUCIL) 2,400 mg/m2 in sodium chloride 0.9 % 100 mL chemo infusion - AMBULATORY PUMP

Dose: 2,400 mg/m2 Route: intravenous once over 46 Hours for 1 dose
 Offset: 3 Hours

Instructions:
 Nurses to chart as GIVEN on the MAR.
 Administer via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 5 GRAM/100 ML	Medications	2,400 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	100 mL	No	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	100 mL	Yes	Yes
	INTRAVENOUS SOLUTION				

Nursing Orders

ONC NURSING COMMUNICATION 11

Interval: -- Occurrences: --
 Comments: Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

ONC NURSING COMMUNICATION 12

Interval: -- Occurrences: --
 Comments: Assess and notify provider for persistent neuropathy (Grade 2).

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 3

Perform every 1 day x1

Appointment Requests

ONC PUMP DISCONNECT APPOINTMENT REQUEST

Interval: -- Occurrences: --

Discharge Nursing Orders

DISCONNECT CONTINUOUS INFUSION PUMP

Interval: -- Occurrences: --

Comments: Disconnect patient from continuous infusion pump.

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).