

## OP ETOPOSIDE / CISPLATIN / CYCLOPHOSPHAMIDE

*Types:* ONCOLOGY TREATMENT

*Synonyms:* HEAD, NECK, H&N, NEUROONC, NEURO, ETOPOSIDE, CISPLATIN, CIS, PLATINOL, CYCLO, CYCLOPHOSHAMIDE, CYTOXAN, TOPOSAR

Take-Home Medications		Repeat 1 time	Cycle length: 1 day
Day 1	Perform every 1 day x1		
	Take-Home Medications Prior to Treatment		
	<b>ondansetron (ZOFRAN, AS HYDROCHLORIDE,) 8 MG tablet</b>		
	Dose: 8 mg	Route: oral	every 12 hours
	Dispense: --	Refills: --	
	Start: S		
	Instructions:		
	Start 12 hours post LAST dose of Cisplatin on Day 3.		
	Take-Home Medications Prior to Treatment		
	<b>dexamethasone (DECADRON) 4 MG tablet</b>		
Dose: 4 mg	Route: oral	every 12 hours	
Dispense: --	Refills: --		
Start: S			
Instructions:			
Start 12 hours post LAST dose of Cisplatin on Day 3.			
Cycles 1 to 3		Repeat 3 times	Cycle length: 28 days
Days 1,2	Perform every 1 day x2		
	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: --	
	Nursing Orders		
	<b>TREATMENT CONDITIONS 37</b>		
	Interval: --	Occurrences: --	
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Hemoglobin LESS than 8.		
Line Flush			
<b>sodium chloride 0.9 % flush 20 mL</b>			
Dose: 20 mL	Route: intravenous	PRN	
Start: S			
Pre-Medications			
<input type="radio"/> <b>ondansetron (ZOFRAN) 4 mg/2 mL injection 8 mg</b>			
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) 4 mg/2 mL 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

No

Ingredient

DEXTROSE 5 % IN  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

Base

50 mL

Always

Yes

Chemotherapy

**etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 60 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

ETOPOSIDE 20  
MG/ML  
INTRAVENOUS  
SOLUTION

Medications

60 mg/m2

Main

Yes

Ingredient

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

QS Base

500 mL

Yes

Yes

Chemotherapy

**Cisplatin (PLATINOL) 34 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 34 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 2.5 Hours

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

CISPLATIN 1  
MG/ML  
INTRAVENOUS  
SOLUTION

Medications

34 mg/m2

Main

Yes

Ingredient

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

500 mL

Yes

Yes

DEXTROSE 5 % IN  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

QS Base

No

Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: --

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.

2. Place the patient on continuous monitoring.

3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### **ONC NURSING COMMUNICATION 4**

Interval: --

Comments:

Occurrences: --

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### **ONC NURSING COMMUNICATION 83**

Interval: --

Comments:

Occurrences: --

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg                      Route: oral                      PRN  
Start: S

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg                      Route: intravenous                      PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

**epinephrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**

Dose: 0.3 mg                      Route: subcutaneous                      PRN  
Start: S

**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****INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

**Labs**☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

**Nursing Orders****TREATMENT CONDITIONS 37**

Interval: --                      Occurrences: --  
Comments:                      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Hemoglobin LESS than 8.

## Line Flush

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL

Route: intravenous

PRN

Start: S

## Pre-Medications

☐ **ondansetron (ZOFTRAN) 4 mg/2 mL 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) 4 mg/2 mL 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

No

Ingredient

DEXTROSE 5 % IN  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

Base

50 mL

Always

Yes

## Chemotherapy

**etoposide (TOPOSAR) 60 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 60 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 30 Minutes

## Instructions:

Administer through a 0.22 micron filter and  
non-PVC tubing set.**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**ETOPOSIDE 20  
MG/ML  
INTRAVENOUS  
SOLUTION

Medications

60 mg/m2

Main

Yes

Ingredient

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

QS Base

500 mL

Yes

Yes

## Chemotherapy

**CISplatin (PLATINOL) 34 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 34 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 2.5 Hours

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**CISPLATIN 1  
MG/ML  
INTRAVENOUS  
SOLUTION

Medications

34 mg/m2

Main

Yes

Ingredient

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

500 mL

Yes

Yes

DEXTROSE 5 % IN

QS Base

No

Yes

WATER (D5W)  
INTRAVENOUS  
SOLUTION

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: 4.5 Hours

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

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: --

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 4**

Interval: --

Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and

new intravenous tubing.

7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.

8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).

9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

### ONC NURSING COMMUNICATION 83

Interval: --

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.

2. Notify the CERT team and treating physician immediately.

3. Place the patient on continuous monitoring.

4. Obtain vital signs.

5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.

6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.

7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.

8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.

9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.

10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

PRN

Start: S

#### fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

Start: S

#### famotidine (PEPCID) 20 mg/2 mL injection 20 mg

Dose: 20 mg

Route: intravenous

PRN

Start: S

#### hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

PRN

#### dexamethasone (DECADRON) injection 4 mg

Dose: 4 mg

Route: intravenous

PRN

Start: S

#### epinephrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg

Dose: 0.3 mg

Route: subcutaneous

PRN

Start: S

### Nursing Orders

#### ONC REMIND PATIENT TO TAKE HOME MEDS

Interval: --

Occurrences: --

Comments:

Remind patient to take home meds: Ondansetron and Dexamethasone 12 hours post LAST dose Cisplatin.

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.