Protocol Index

OP FLAG-IDA

Types: ONCOLOGY TREATMENT
Synonyms: FLUDARABINE, CYTARABINE, CYTOSAR, ARA, ARAC, FLUDARA, AML, FLAG-IDA, FLAG IDA, IDARUBICIN, IDAMYCIN

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

Day 1 Perform every 1 day x1

Take-Home Medications Prior to Treatment

prednisoLONE acetate (PRED FORTE) 1 % ophthalmic suspension
Dose: -- Route: --
Dispense: -- Refills: --
Start: S

Cycle 1 Repeat 1 time Cycle length: 7 days

Days 1,2,3 Perform every 1 day x3

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- Occurrences: --

☐ **LDH**
Interval: -- Occurrences: --

☐ **URIC ACID 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

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

☐ **ondansetron (ZOFRAN) 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 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

Chemotherapy

fludarabine (FLUDARA) 30 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

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

Instructions:
Use within 8 hours of preparation

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
FLUDARABINE 50 MG INTRAVENOUS SOLUTION	Medications	30 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	100 mL	No	Yes

Chemotherapy

IDArubicin (IDAmycin) 8 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 8 mg/m2 | Route: intravenous | once over 30 Minutes for 1 dose
Offset: 1 Hours

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
IDARUBICIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	8 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: -- | Occurrences: --
Comments: Have patient sign name as cerebellar assessment prior to each dose of

Cytarabine.

Nursing Orders

ONC NURSING COMMUNICATION 71
Interval: -- Occurrences: --
Comments: Begin cytarabine 4 hours after fludarabine.

Chemotherapy

cytarabine PF (CYSTOSAR) 2,000 mg/m2 in dextrose 5% 250 mL chemo IVPB
Dose: 2,000 mg/m2 Route: intravenous once over 120 Minutes for 1 dose
Offset: 5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	2,000 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Supportive Care

TBO-FILGRASTIM INJECTION ORDERABLE solution 300 mcg
Dose: 300 mcg Route: subcutaneous once for 1 dose
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.

Days 4,5 Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- Occurrences: --

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☑ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **LDH**

Interval: -- Occurrences: --

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TREATMENT CONDITIONS 40

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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"
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Line Flush

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Dose: 20 mL Route: intravenous PRN

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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.

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Offset: 30 Minutes

Instructions:
Use within 8 hours of preparation

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
FLUDARABINE 50 MG INTRAVENOUS SOLUTION	Medications	30 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	100 mL	No	Yes

Nursing Orders

ONC NURSING COMMUNICATION 68

Interval: -- Occurrences: --

Comments: Have patient sign name as cerebellar assessment prior to each dose of Cytarabine.

Nursing Orders

ONC NURSING COMMUNICATION 71

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Comments: Begin cytarabine 4 hours after fludarabine.

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Offset: 5 Hours

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	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Supportive Care

TBO-FILGRASTIM INJECTION ORDERABLE solution 300 mcg

Dose: 300 mcg Route: subcutaneous once for 1 dose
Start: S

Discharge Nursing Orders

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Interval: -- Occurrences: --

Comments: Discontinue IV.

Discharge Nursing Orders

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