

OP INTRATHECAL CHEMOTHERAPY

Types: ONCOLOGY TREATMENT

Synonyms: MTX, METHOTREXATE, METHO, ARAC, ARA-C, CYTARABINE, CYT, IT, BMT, CAGT, HYDROCORTISONE, CYTOSAR, DEPOCYT, LIPOSOMAL, HERCEPTIN, TRASTUZUMAB, TOPOTECAN , HYCAMTIN

Cycle 1	Repeat 1 time	Cycle length: 30 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: --		
Labs		
<input checked="" type="checkbox"/> CSF CELL COUNT WITH DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> GLUCOSE LEVEL, CSF		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> PROTEIN, CSF		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> FLOW CYTOMETRY EVALUATION		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> CYTOLOGY (NON-GYNECOLOGICAL) REQUEST		
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: --		

Start: S

Provider Ordering Guidelines

ONC PROVIDER COMMUNICATION 15

Interval: --

Occurrences: --

Comments:

If IT (intrathecal) chemotherapy is to be administered by IR (interventional radiology) then please place a "Lumbar Puncture by Radiology" order panel under Meds & Orders.

IT chemotherapy administered in clinic does NOT need a Lumbar Puncture order.

Intrathecal Injections

- methotrexate PF in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: --

Route: intrathecal

once over 5 Minutes for 1 dose

Start: S

End: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

METHOTREXATE
SODIUM (PF) 25
MG/ML INJECTION
SOLUTION

Medications

Main
Ingredient

SODIUM
CHLORIDE 0.9 %
INJECTION
SOLUTION

QS Base

5 mL

Yes

Yes

- cytarabine PF (CYSTOSAR) in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: --

Route: intrathecal

once over 5 Minutes for 1 dose

Start: S

End: S

Instructions:

HAZARDOUS - Handle with care

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CYTARABINE (PF)
100 MG/5 ML (20
MG/ML) INJECTION
SOLUTION

Medications

Main
Ingredient

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

5 mL

Yes

Yes

- cytarabine PF (CYSTOSAR), methotrexate PF, hydrocortisone sodium succinate (Solu-CORTEF) in sodium chloride 0.9% 5 mL chemo INTRATHECAL injection**

Dose: 5 mL

Route: intrathecal

once for 1 dose

Start: S

End: S

Instructions:

HAZARDOUS - Handle with care

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CYTARABINE (PF)
2 GRAM/20 ML (100
MG/ML) INJECTION
SOLUTION

Medications

Yes

Yes

METHOTREXATE
SODIUM (PF) 25
MG/ML INJECTION
SOLUTION

Medications

Yes

Yes

HYDROCORTISON
E SOD SUCCINATE
(PF) 100 MG/2 ML

Medications

Yes

Yes

SOLUTION FOR INJECTION
 SODIUM CHLORIDE 0.9 %
 INJECTION SOLUTION
 QS Base 5 mL Yes Yes

cytarabine liposome (PF) (DEPOCYT) chemo PF INTRATHECAL injection

Dose: -- Route: intrathecal once for 1 dose
 Start: S

topotecan (HYCAMTIN) in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: -- Route: intrathecal once over 5 Minutes for 1 dose
 Start: S End: S

Instructions:
 HAZARDOUS - Handle with care.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TOPOTECAN 4 MG/4 ML (1 MG/ML) INTRAVENOUS SOLUTION	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	5 mL	Yes	Yes

trastuzumab (HERCEPTIN) in sodium chloride 0.9% 5 mL INTRATHECAL injection

Dose: -- Route: intrathecal once for 1 dose
 Start: S End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	5 mL	Yes	Yes

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN