

## OP LAPATINIB / CAPECITABINE

Types: ONCOLOGY TREATMENT

Synonyms: LAPATINIB, CAPECITABINE, LAB, TYKERB, XELODA, ZEL, TIKE, BREAST

Cycles 1 to 4	Repeat 4 times	Cycle length: 21 days
<b>Day 1</b>		Perform every 1 day x1
<b>Labs</b>		
<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: --
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>	Interval: --	Occurrences: --
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b>	Interval: --	Occurrences: --
<b>Outpatient Electrolyte Replacement Protocol</b>		
<b>TREATMENT CONDITIONS 39</b>	Interval: --	Occurrences: --
Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) <ul style="list-style-type: none"><li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li><li>o Protocol applies only to same day lab value.</li><li>o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</li><li>o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</li><li>o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li><li>o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement</li><li>o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li><li>o Sign electrolyte replacement order as Per protocol: cosign required</li></ul>	
<b>TREATMENT CONDITIONS 40</b>	Interval: --	Occurrences: --
Comments:	Magnesium (Normal range 1.6 to 2.6mEq/L) <ul style="list-style-type: none"><li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li><li>o Protocol applies only to same day lab value.</li><li>o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP</li><li>o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV</li><li>o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV</li><li>o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement</li><li>o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li><li>o Sign electrolyte replacement order as Per protocol: cosign</li></ul>	

required

Nursing Orders

**TREATMENT CONDITIONS 7**

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

Take-Home Medications Prior to Treatment

**lapatinib (TYKERB) 250 mg chemo tablet**

Dose: 1,250 mg Route: oral daily  
Dispense: 105 tablet Refills: --  
Start: S End: S+21

Take-Home Medications Prior to Treatment

**capecitabine (XELODA) 500 mg chemo tablet**

Dose: 1,000 mg/m<sup>2</sup> Route: oral 2 times daily  
Dispense: -- Refills: --  
Start: S End: S+14

Take-Home Medications Prior to Treatment

**ondansetron (ZOFRAN) 8 MG tablet**

Dose: 8 mg Route: oral PRN  
Dispense: -- Refills: 0  
Start: S End: S+21

**loperamide (IMODIUM) 2 mg capsule**

Dose: 2 mg Route: oral PRN  
Dispense: -- Refills: 0  
Start: S End: S+21

Nursing Orders

**ONC NURSING COMMUNICATION 15**

Interval: -- Occurrences: --  
Comments: Verify that the patient has taken appropriate oral chemotherapy medication from home prescription.