

OP MINE

Types: ONCOLOGY TREATMENT

Synonyms: NOVA, MITOX, ETOPO, MESN, TOPOS, IFEX, LYMP, NHL

Cycles 1 to 3	Repeat 3 times	Cycle length: 28 days
Day 1		Perform every 1 day x1
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
<input type="checkbox"/> LDH		
Interval: -- Occurrences: --		
<input type="checkbox"/> 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 areater. 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 7

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

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
Start: S

Route: intravenous
End: S

once over 30 Minutes for 1 dose

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

ifosfamide (IFEX) 1,300 mg/m2, mesna (MESNEX) 1,330 mg/m2 in dextrose 5% 1,000 mL chemo IVPB

Dose: --

Route: intravenous

once over 3 Hours for 1 dose
Offset: 30 Minutes

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,300 mg/m2	Yes	Yes
MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	1,330 mg/m2	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes

Chemotherapy

etoposide (TOPOSAR) 65 mg/m2 in sodium chloride 0.9 % 150 mL chemo IVPB

Dose: 65 mg/m2

Route: intravenous

once over 1 Hours for 1 dose
Offset: 3.5 Hours

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	65 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	150 mL	Yes	Yes

Chemotherapy

mitoxantrone (NOVANTRONE) 8 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 8 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 4.5 Hours

Instructions:
VESICANT. Administer on Day 1.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MITOXANTRONE 2 MG/ML CONCENTRATE, INTRAVENOUS	Medications	8 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		No	Yes

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 2

Perform every 1 day x1

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

Nursing Orders

TREATMENT CONDITIONS 7

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

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 (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 % INTRAVENOUS	Base	50 mL	Always	Yes

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

Chemotherapy

ifosfamide (IFEX) 1,300 mg/m2, mesna (MESNEX) 1,330 mg/m2 in dextrose 5% 1,000 mL chemo IVPB

Dose: -- Route: intravenous once over 3 Hours for 1 dose
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM	Medications	1,300 mg/m2	Yes	Yes
	INTRAVENOUS SOLUTION MESNA 100 MG/ML	Medications	1,330 mg/m2	Yes	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base		No	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	QS Base	1,000 mL	Yes	Yes
	INTRAVENOUS SOLUTION				

Chemotherapy

etoposide (TOPOSAR) 65 mg/m2 in sodium

chloride 0.9 % 150 mL chemo IVPB

Dose: 65 mg/m² Route: intravenous once over 1 Hours for 1 dose
 Offset: 3.5 Hours

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	65 mg/m ²	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	150 mL	Yes	Yes

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 **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

Nursing Orders

TREATMENT CONDITIONS 7

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

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 (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 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

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 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

ifosfamide (IFEX) 1,300 mg/m2, mesna (MESNEX) 1,330 mg/m2 in dextrose 5% 1,000 mL chemo IVPB

Dose: -- Route: intravenous once over 3 Hours for 1 dose
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IFOSFAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	1,300 mg/m2	Yes	Yes
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	1,330 mg/m2	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes

Chemotherapy

etoposide (TOPOSAR) 65 mg/m2 in sodium chloride 0.9 % 150 mL chemo IVPB

Dose: 65 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 3.5 Hours

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	65 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	150 mL	Yes	Yes

Discharge Nursing Orders

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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.