

OP MOPP / COPP

Types: ONCOLOGY TREATMENT

Synonyms: MOPP, LYMPH, HODGK, CYCLOP, VINCR, PROCAR, CYTOX, ONCOV, NEOSTAR, MECHLOR, HN2, MUSTAR, PREDNIS, MOPP

Take-Home Medications		Repeat 1 time	Cycle length: 28 days
Day 1			Perform every 1 day x1
Take-Home Medications Prior to Treatment			
procarbazine (MATULANE) 50 mg chemo capsule			
Dose: --		Route: oral	
Dispense: --		Refills: 5	
Start: S			
Instructions: On days 1-14 of each chemotherapy cycle.			
Take-Home Medications Prior to Treatment			
predniSONE (DELTASONE) 10 MG tablet			
Dose: --		Route: oral	
Dispense: --		Refills: 5	
Start: S			
Instructions: On day 1 through day 14 in each chemotherapy cycle. Take after meals or with food or milk.			
Cycles 1 to 6		Repeat 6 times	Cycle length: 28 days
Days 1,8			Perform every 7 days x2
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: --	
<input checked="" type="checkbox"/> LDH			
Interval: --		Occurrences: --	
<input checked="" type="checkbox"/> URIC ACID LEVEL			
Interval: --		Occurrences: --	
<input checked="" type="checkbox"/> PHOSPHORUS LEVEL			
Interval: --		Occurrences: --	
Outpatient Electrolyte Replacement Protocol			
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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

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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

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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

palonosetron (ALOXI) injection 0.25 mg

Dose: 0.25 mg

Route: intravenous

once for 1 dose

Start: S

End: S 1:45 PM

dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% IVPB

Dose: 12 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DEXAMETHASONE Medications

12 mg

Main Yes

4 MG/ML

Ingredient

INJECTION

SOLUTION

SODIUM

Base

50 mL

Yes

Yes

CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION
 DEXTROSE 5 % IN Base 50 mL No Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

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 Base		130 mL	Yes	Yes
	WATER (D5W) IV SOLP (EXCEL; NON-PVC)				
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

netupitant-palonosetron (AKYNZEO) 300-0.5 mg per capsule 1 capsule

Dose: 1 capsule Route: oral once for 1 dose
 Start: S End: S 5:30 PM

Instructions:
 Administer approximately 1 hour prior to chemotherapy.

ondansetron (ZOFTRAN), dexamethasone (DECADRON) in sodium chloride 0.9% 50 mL IVPB

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:42 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML	Medications		Yes	No
	INTRAVENOUS SOLUTION				
	DEXAMETHASONE 4 MG/ML	Medications		Yes	No
	INJECTION SOLUTION				
	SODIUM CHLORIDE 0.9 %	Base	50 mL	Always	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN Base			No	Yes
	WATER (D5W) INTRAVENOUS SOLUTION				

Chemotherapy

mechlorethamine (MUSTARGEN) chemo injection 6 mg/m2 (Treatment Plan)

Dose: 6 mg/m2 Route: intravenous once over 5 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:
 DRUG IS A VESICANT. IV push over 5

minutes. REFRIGERATE.

Ⓞ **cyclophosphamide (CYTOXAN) 600 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 600 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Chemotherapy

vinCRISTine (ONCOVIN) 1.4 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 1.4 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.
Rule-Based Template: RULE ONCBCN
VINCRISTINE 1.4 MG/M2

Conditions:
BSA < 1.43 m2
BSA >= 1.43 m2

Modifications:
Set dose to 1.4 mg/m2
Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.4 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 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.