

OP NAB-PACLITAXEL (EVERY 7 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: ABRAXANE , NAB-PACLITAXEL, NAP, ABE, BRAX, BREAST

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		
☑ COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
☑ CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
☑ MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
☐ URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: -- Occurrences: --		
☐ CANCER ANTIGEN 27-29 (CA BR)		
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) injection 8 mg

Dose: 8 mg Route: intravenous once for 1 dose
 Start: S End: S 11:15 AM

☐ ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
 Start: S

☐ ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Pre-Medications

☐ diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

☐ diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:45 AM
 Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
☐ diphenhydrAMINE (BENADRYL) tablet 25 mg					
Dose: 25 mg		Route: oral	once for 1 dose Offset: 0 Hours		
Instructions: Administer 30 minutes prior to chemotherapy.					
☐ diphenhydrAMINE (BENADRYL) tablet 50 mg					
Dose: 50 mg		Route: oral	once for 1 dose Offset: 0 Hours		
Instructions: Administer 30 minutes prior to chemotherapy.					
☐ famotidine (PEPCID) 20 mg/2 mL injection 20 mg					
Dose: 20 mg		Route: intravenous	once for 1 dose Offset: 0 Hours		
Instructions: Administer 30 minutes prior to chemotherapy.					
☐ famotidine (PEPCID) tablet 20 mg					
Dose: 20 mg		Route: oral	once for 1 dose Offset: 0 Hours		
Instructions: Administer 30 minutes prior to chemotherapy.					
☐ acetaminophen (TYLENOL) tablet 650 mg					
Dose: 650 mg		Route: oral	once for 1 dose Offset: 0 Hours		
Instructions: Administer 30 minutes prior to chemotherapy.					
Supportive Care					
☐ LORAZepam (ATIVAN) injection 1 mg					
Dose: 1 mg Start: S		Route: intravenous	once PRN		
☐ LORAZepam (ATIVAN) tablet 1 mg					
Dose: 1 mg Start: S		Route: oral	once PRN		
Antiemetics					
☐ promethazine (PHENERGAN) injection 12.5 mg					
Dose: 12.5 mg Start: S		Route: injection	once PRN		
Chemotherapy					
PACLitaxel-protein bound (ABRAXANE) chemo injection 100 mg/m2 (Treatment Plan)					

Dose: 100 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

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.

Day 2

Perform every 1 day x1

Appointment Request for Neulasta/Neupogen

☐ **INJECTION APPOINTMENT REQUEST 17**

Interval: -- Occurrences: --

Post-Medications

☐ **TBO-FILGRASTIM INJECTION ORDERABLE solution**

Dose: -- Route: subcutaneous
Start: S
Rule-Based Template: RULE ONCBCN
NEUPOGEN WEIGHT BASED
Conditions:
Weight > 72 kg
Weight <= 72 kg

Modifications:
Set dose to 480 mcg
Set dose to 300 mcg

Day 8

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**

Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**

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) injection 8 mg**

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

End: S 11:15 AM

○ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

☐ **ondansetron (ZOFran) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg

Start: S

Ingredients:

Route: intravenous

End: S 11:00 AM

once over 15 Minutes for 1 dose

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Pre-Medications

☐ **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg

Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

Route: intravenous

once for 1 dose

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Route: intravenous

End: S 11:45 AM

once over 15 Minutes for 1 dose

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☐ **diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg

Instructions:

Administer 30 minutes prior to chemotherapy.

Route: oral

once for 1 dose

Offset: 0 Hours

☐ **diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg

Instructions:

Administer 30 minutes prior to chemotherapy.

Route: oral

once for 1 dose

Offset: 0 Hours

☐ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg

Instructions:

Administer 30 minutes prior to chemotherapy.

Route: intravenous

once for 1 dose

Offset: 0 Hours

☐ **famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

Antiemetics

☐ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection once PRN
Start: S

Chemotherapy

PAClitaxel-protein bound (ABRAXANE) chemo injection 100 mg/m2 (Treatment Plan)

Dose: 100 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

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.

Day 9

Perform every 1 day x1

Appointment Request for Neulasta/Neupogen

☐ **INJECTION APPOINTMENT REQUEST 17**

Interval: -- Occurrences: --

Post-Medications

☐ **TBO-FILGRASTIM INJECTION ORDERABLE solution**

Dose: -- Route: subcutaneous
Start: S

Rule-Based Template: RULE ONCBCN
NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg

Weight <= 72 kg

Modifications:

Set dose to 480 mcg

Set dose to 300 mcg

Day 15

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: --

Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --

Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: --

Occurrences: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**

Interval: --

Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**

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

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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 (ZOFRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S End: S 11:15 AM

☐ **ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S

☐ **ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Pre-Medications

☐ **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose
Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:45 AM

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☐ **diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **diphenhydramine (BENADRYL) tablet 50 mg**

Dose: 50 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

Antiemetics

☐ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection once PRN
Start: S

Chemotherapy

PAClitaxel-protein bound (ABRAXANE) chemo injection 100 mg/m2 (Treatment Plan)

Dose: 100 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

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.

Day 16

Perform every 1 day x1

Appointment Request for Neulasta/Neupogen

☐ **INJECTION APPOINTMENT REQUEST 17**

Interval: --

Occurrences: --

Post-Medications

☐ **TBO-FILGRASTIM INJECTION ORDERABLE
solution**

Dose: --

Route: subcutaneous

Start: S

Rule-Based Template: RULE ONCBCN

NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg

Weight <= 72 kg

Modifications:

Set dose to 480 mcg

Set dose to 300 mcg