Protocol Index

# OP PACLITAXEL 80 (EVERY 7 DAYS)

*Types:* ONCOLOGY TREATMENT
*Synonyms:* PACLITAXEL, TAXOL, TAX, PAC, BLADDER , BREAST

**Cycle 1** Repeat 1 time Cycle length: 21 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: --

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 (ZOFRAN) 8 mg, dexamethasone (DECADRON) 20 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 | 8 mg | Yes | No |
| DEXAMETHASONE 4 MG/ML INJECTION SOLUTION | Medications | 20 mg | Yes | No |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | | No | 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. |
|---|---|---|---|---|
| DIPHENHYDRAMINE 50 MG/ML INJECTION SOLUTION | Medications | 50 mg | Main Ingredient | No |
| SODIUM CHLORIDE 0.9 % | Base | 50 mL | Yes | Yes |

| | | | | | |
|---|---|---|---|---|---|
| INTRAVENOUS SOLUTION 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) 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 Route: intravenous once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral once PRN
Start: S

Antiemetics

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

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

Chemotherapy

**PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 80 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

| **Ingredients:** | **Name** | **Type** | **Dose** | **Selected** | **Adds Vol.** |
|---|---|---|---|---|---|
| | PACLITAXEL 6 | Medications | 80 mg/m2 | Main | Yes |

| | | | | |
|---|---|---|---|---|
| MG/ML CONCENTRATE,IN TRAVENOUS | | Ingredient | | |
| SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | Yes | Yes | |
| DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | No | Yes | |

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 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: --

Outpatient Electrolyte Replacement Protocol

**TREATMENT CONDITIONS 39**
Interval: -- Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- 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) 8 mg, dexamethasone (DECADRON) 10 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 | 8 mg | Yes | No |
| DEXAMETHASONE 4 MG/ML INJECTION SOLUTION | Medications | 10 mg | Yes | No |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | | No | 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. |
|---|---|---|---|---|
| DIPHENHYDRAMINE 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) 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 | Route: intravenous | once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg | Route: oral | once PRN
Start: S

Antiemetics

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

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

Chemotherapy

**PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 80 mg/m2 | Route: intravenous | once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

| Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|
| PACLITAXEL 6 MG/ML CONCENTRATE,IN TRAVENOUS | Medications | 80 mg/m2 | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | | No | Yes |

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 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: --

Outpatient Electrolyte Replacement Protocol

**TREATMENT CONDITIONS 39**

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- 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. |
|---|---|---|---|---|
| DIPHENHYDRAMINE 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) 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 | Route: intravenous | once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg | Route: oral | once PRN
Start: S

Antiemetics

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

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

Chemotherapy

**PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 80 mg/m2 | Route: intravenous | once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

| Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|
| PACLITAXEL 6 MG/ML CONCENTRATE,INTRAVENOUS | Medications | 80 mg/m2 | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | | No | Yes |

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.

**Cycles 2 to 4** Repeat 3 times Cycle length: 21 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: --

Outpatient Electrolyte Replacement Protocol

**TREATMENT CONDITIONS 39**
Interval: -- Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**
Interval: -- Occurrences: --
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- 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. |
|---|---|---|---|---|
| DIPHENHYDRAMINE 50 MG/ML INJECTION | Medications | 50 mg | Main Ingredient | No |

| | | | | | |
|---|---|---|---|---|---|
| SOLUTION | | | | | |
| 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) 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 Route: intravenous once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral once PRN
Start: S

Antiemetics

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

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

Chemotherapy

**PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 80 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and

non-PVC tubing set.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|---|
| | PACLITAXEL 6 MG/ML CONCENTRATE,IN TRAVENOUS | Medications | 80 mg/m2 | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | | No | Yes |

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 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: --

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 (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 | Base | 50 mL | Always | Yes |

WATER (D5W) INTRAVENOUS SOLUTION

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. |
|---|---|---|---|---|---|
| | DIPHENHYDRAMINE 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) 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 | Route: intravenous | once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg | Route: oral | once PRN
Start: S

Antiemetics

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

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

Chemotherapy

**PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 80 mg/m2 | Route: intravenous | once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|---|
| | PACLITAXEL 6 MG/ML CONCENTRATE,INTRAVENOUS | Medications | 80 mg/m2 | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | | No | Yes |

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 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: --

Outpatient Electrolyte Replacement Protocol

**TREATMENT CONDITIONS 39**

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- 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. |
|---|---|---|---|---|
| DIPHENHYDRAMINE 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) 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 | Route: intravenous | once PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg | Route: oral | once PRN
Start: S

Antiemetics

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

Dose: 12.5 mg | Route: injection | once PRN
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Chemotherapy

**PACLitaxel (TAXOL) 80 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 80 mg/m2 | Route: intravenous | once over 1 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

| Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|
| PACLITAXEL 6 MG/ML CONCENTRATE,IN TRAVENOUS | Medications | 80 mg/m2 | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | QS Base | | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | QS Base | | No | Yes |

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.