

OP PROCARBAZINE / LOMUSTINE / VINCRISTINE

Types: ONCOLOGY TREATMENT

Synonyms: HEAD, NECK, H&N, NEUROONC, NEURO, PROCARBAZINE, LOMUSTINE, VINCRISTINE, PCV

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
Day 1		Perform every 1 day x1
Take-Home Medications Prior to Treatment		
procarbazine (MATULANE) 50 mg chemo capsule		
Dose: 60 mg/m2	Route: oral	nightly
Dispense: --	Refills: --	
Start: S		
Instructions:		
Take orally daily at bedtime on Day 8 through Day 21.		
lomustine (CeeNU) 10 MG chemo capsule		
Dose: 90 mg/m2	Route: oral	once
Dispense: --	Refills: --	
Start: S	End: S	
Instructions:		
Take orally in the evening on Day 1.		
Cycles 1 to 6	Repeat 6 times	Cycle length: 42 days
Day 8		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 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 36

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if Total Bilirubin GREATER than 1.5 mg/dL or AST GREATER than 60 units/L.

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.

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
 VINCRISTINE 1
 MG/ML
 INTRAVENOUS
 SOLUTION
 SODIUM
 CHLORIDE 0.9 %
 INTRAVENOUS

Type

Medications

QS Base

Dose

1.4

mg/m2

50 mL

Selected

Main

Ingredient

Yes

Adds Vol.

Yes

Yes

SOLUTION

Nursing Orders

ONC VERIFY PATIENT TAKING HOME MEDS

Interval: -- Occurrences: --
Comments: Verify that patient is taking home meds as directed.

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 29

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

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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 36

Interval: -- Occurrences: --
 Comments: HOLD and notify provider if Total Bilirubin GREATER than 1.5 mg/dL or AST GREATER than 60 units/L.

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.

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 Modifications: Set dose to 1.4 mg/m2
 BSA >= 1.43 m2 Set dose to 2 mg

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

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.