

## OP R-CHOP

*Types:* ONCOLOGY TREATMENT

*Synonyms:* RCHOP, LYMPHOMA, LIMP, CYCLOPHOSPHAMIDE, VINCRISTINE, DOXORUBICIN, PREDNISONE, RITUX, R CHOP

<b>Take-Home Medications</b>	Repeat 1 time	Cycle length: 1 day
<b>Day 1</b>		Perform every 1 day x1
Take-Home Medications Prior to Treatment		
<b>predniSONE (DELTASONE) 50 MG tablet</b>		
Dose: 100 mg	Route: oral	daily
Dispense: 10 tablet	Refills: 6	
Start: S	End: S+5	
<b>Cycle 1</b>	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>		Perform every 1 day x1
Appointment Requests		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: --	Occurrences: --	
Labs		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>LDH</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>URIC ACID LEVEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</b>		
Interval: --	Occurrences: --	
Outpatient Electrolyte Replacement Protocol		
<b>TREATMENT CONDITIONS 39</b>		
Interval: --	Occurrences: --	
Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) <ul style="list-style-type: none"> <li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li> <li>o Protocol applies only to same day lab value.</li> <li>o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</li> <li>o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</li> <li>o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> <li>o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement                             <ul style="list-style-type: none"> <li>o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li> <li>o Sign electrolyte replacement order as Per protocol: cosign required</li> </ul> </li> </ul>	
<b>TREATMENT CONDITIONS 40</b>		
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

Provider Communication

**ONC PROVIDER COMMUNICATION**

Interval: -- Occurrences: --  
Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: \*\*\*% on \*\*\* (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Provider Communication

**ONC PROVIDER COMMUNICATION 58**

Interval: -- Occurrences: --  
Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on \*\*\*.

Nursing Orders

**ONC VERIFY PATIENT HAS PRESCRIPTION**

Interval: -- Occurrences: --  
Comments: Verify that patient has a prescription for oral Prednisone to be started on Days 1-5. If not, please contact physician.

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.

Hydration

**sodium chloride 0.9 % infusion 1,000 mL**

Dose: 1,000 mL      Route: intravenous      once @ 100 mL/hr for 1 dose  
 Start: S

Pre-Medications

**palonosetron (ALOXI) injection 0.25 mg**

Dose: 0.25 mg      Route: intravenous      once for 1 dose  
 Offset: 30 Minutes

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

Dose: 12 mg      Route: intravenous      once over 15 Minutes for 1 dose  
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg      Route: intravenous      once over 30 Minutes for 1 dose  
 Offset: 30 Minutes

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

Breakthrough Anti-Emetics

**diphenhydrAMINE (BENADRYL) tablet 12.5-25 mg**

Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
 Start: S

**diphenhydrAMINE (BENADRYL) injection 12-25 mg**

Dose: 12-25 mg      Route: intravenous      every 4 hours PRN  
 Start: S

**promethazine (PHENERGAN) tablet 12.5-25 mg**

Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
 Start: S

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: intravenous      every 4 hours PRN  
 Start: S

- promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB**  
Dose: 25 mg      Route: intravenous      every 4 hours PRN over 30 Minutes  
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML INJECTION SOLUTION	Medications	25 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

- LORazepam (ATIVAN) tablet 0.5-1 mg**  
Dose: 0.5-1 mg      Route: oral      every 4 hours PRN  
Start: S

- LORazepam (ATIVAN) injection 0.5-1 mg**  
Dose: 0.5-1 mg      Route: intravenous      every 4 hours PRN  
Start: S

- haloperidol (HALDOL) tablet 0.5-1 mg**  
Dose: 0.5-1 mg      Route: oral      every 4 hours PRN  
Start: S

- haloperidol lactate (HALDOL) injection 0.5-1 mg**  
Dose: 0.5-1 mg      Route: intravenous      every 4 hours PRN  
Start: S

- metoclopramide (REGLAN) tablet 10 mg**  
Dose: 10 mg      Route: oral      every 4 hours PRN  
Start: S

- metoclopramide (REGLAN) injection 10 mg**  
Dose: 10 mg      Route: intravenous      every 4 hours PRN  
Start: S

- dexamethasone (DECADRON) tablet 10 mg**  
Dose: 10 mg      Route: oral      every 12 hours PRN  
Start: S

- dexamethasone (DECADRON) injection 10 mg**  
Dose: 10 mg      Route: intravenous      every 12 hours PRN  
Start: S

**Nursing Orders**

**ONC NURSING COMMUNICATION 36**

Interval: --      Occurrences: --  
Comments:      Administer chemotherapy in listed order unless otherwise indicated.

**Chemotherapy**

- cyclophosphamide (CYTOXAN) 750 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB**  
Dose: 750 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	750 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

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

Dose: 1.4 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 1.5 Hours

Instructions:  
Protect from light, VESICANT. Max 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	Base	50 mL	Yes	Yes

**DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 50 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 1.75 Hours

Instructions:  
Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9% 100 mL chemo infusion - AMBULATORY PUMP**

Dose: 50 mg/m2      Route: intravenous      once over 24 Hours for 1 dose  
Offset: 1.75 Hours

Instructions:  
Protect from light; VESICANT. Nurses to chart as GIVEN on the MAR. Administer via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS	Medications	50 mg/m2	Main Ingredient	Yes

SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

Rituximab Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                      once for 1 dose  
 Start: S  
 Instructions:  
 Give 30 minutes before rituximab infusion.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once for 1 dose  
 Start: S  
 Instructions:  
 Give 30 minutes before rituximab infusion.

**sodium chloride 0.9 % infusion 500 mL**

Dose: 500 mL                      Route: intravenous                      continuous  
 Start: S

Pharmacy Consult

**PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION**

Interval: --                      Occurrences: --

Chemotherapy

**RiTUXimab (PF) (RITUXAN) 375 mg/m2 in**

**sodium chloride 0.9% INITIAL INFUSION RATE IVPB**

Dose: 375 mg/m2                      Route: intravenous                      once for 1 dose  
 Offset: 2 Hours

Instructions:  
 Initiate infusion at rate of 50 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mg/hour every 30 minutes, to a maximum rate of 400 mg/hour.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: --                      Route: intravenous                      once for 1 dose  
 Offset: 2 Hours

Instructions:

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m2      Route: intravenous      once over 90 Minutes for 1 dose  
Offset: 2 Hours

**Instructions:**

**RAPID INFUSION RATE:** Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

**Reaction grades:**

**Grade 3 Reaction:** Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

**Grade 4 Reaction:** Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION	Medications	375 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		No	Yes

**VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL**

Interval: --

Occurrences: --

Comments:

1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN

-Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

**ONC NURSING COMMUNICATION 26**

Interval: --

Occurrences: --

Comments:

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

## Rituximab Infusion Reaction Orders

**meperidine (DEMEROL) injection 25 mg**

Dose: 25 mg

Route: intravenous

once PRN

Start: S

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg

Route: intravenous

once PRN

Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg

Route: intravenous

once PRN

**famotidine (PEPCID) injection 20 mg**

Dose: 20 mg

Route: intravenous

once PRN

Start: S

## Rituximab Additional Orders

**epinephrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg**

Dose: 0.3 mg

Route: intramuscular

once PRN

Start: S

## 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.

## Post-Medications



**pegfilgrastim (NEULASTA) on-body injection kit 6 mg**

Dose: 6 mg                      Route: subcutaneous    once for 1 dose  
Start: S                         End: S  
Instructions:  
Apply to intact, nonirritated skin on the back of the arm or abdomen (only use the back of the arm if caregiver is available to monitor On-body injection status).

**Cycles 2 to 6**

Repeat 5 times

Cycle length: 21 days

**Day 1**

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: --

**ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED**

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

Provider Communication

**ONC PROVIDER COMMUNICATION**

Interval: -- Occurrences: --  
 Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: \*\*\*% on \*\*\* (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Provider Communication

**ONC PROVIDER COMMUNICATION 58**

Interval: -- Occurrences: --  
 Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on \*\*\*.

Nursing Orders

**ONC VERIFY PATIENT HAS PRESCRIPTION**

Interval: -- Occurrences: --  
 Comments: Verify that patient has a prescription for oral Prednisone to be started on Days 1-5. If not, please contact physician.

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.

Hydration

**sodium chloride 0.9 % infusion 1,000 mL**  
 Dose: 1,000 mL Route: intravenous once @ 100 mL/hr for 1 dose  
 Start: S

Pre-Medications

- palonosetron (ALOXI) injection 0.25 mg

Dose: 0.25 mg      Route: intravenous      once for 1 dose  
Offset: 30 Minutes

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

Dose: 12 mg      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg      Route: intravenous      once over 30 Minutes for 1 dose  
Offset: 30 Minutes

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

Breakthrough Anti-Emetics

**diphenhydramine (BENADRYL) tablet 12.5-25 mg**

Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
Start: S

**diphenhydramine (BENADRYL) injection 12-25 mg**

Dose: 12-25 mg      Route: intravenous      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) tablet 12.5-25 mg**

Dose: 12.5-25 mg      Route: oral      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: intravenous      every 4 hours PRN  
Start: S

**promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 25 mg      Route: intravenous      every 4 hours PRN over 30 Minutes  
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML	Medications	25 mg	Main Inredient	No

INJECTION  
SOLUTION  
SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

Base

50 mL

Always

Yes

**LORazepam (ATIVAN) tablet 0.5-1 mg**

Dose: 0.5-1 mg  
Start: S

Route: oral

every 4 hours PRN

**LORazepam (ATIVAN) injection 0.5-1 mg**

Dose: 0.5-1 mg  
Start: S

Route: intravenous

every 4 hours PRN

**haloperidol (HALDOL) tablet 0.5-1 mg**

Dose: 0.5-1 mg  
Start: S

Route: oral

every 4 hours PRN

**haloperidol lactate (HALDOL) injection 0.5-1 mg**

Dose: 0.5-1 mg  
Start: S

Route: intravenous

every 4 hours PRN

**metoclopramide (REGLAN) tablet 10 mg**

Dose: 10 mg  
Start: S

Route: oral

every 4 hours PRN

**metoclopramide (REGLAN) injection 10 mg**

Dose: 10 mg  
Start: S

Route: intravenous

every 4 hours PRN

**dexamethasone (DECADRON) tablet 10 mg**

Dose: 10 mg  
Start: S

Route: oral

every 12 hours PRN

**dexamethasone (DECADRON) injection 10 mg**

Dose: 10 mg  
Start: S

Route: intravenous

every 12 hours PRN

Nursing Orders

**ONC NURSING COMMUNICATION 36**

Interval: --

Occurrences: --

Comments:

Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

**cyclophosphamide (CYTOXAN) 750 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB**

Dose: 750 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	750 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

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

Dose: 1.4 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 1.5 Hours

Instructions:  
Protect from light, VESICANT. Max 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	Base	50 mL	Yes	Yes

**DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 50 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 1.75 Hours

Instructions:  
Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**DOXOrubicin (ADRIAmycin) 50 mg/m2 in sodium chloride 0.9% 100 mL chemo infusion - AMBULATORY PUMP**

Dose: 50 mg/m2      Route: intravenous      once over 24 Hours for 1 dose

Offset: 1.75 Hours

**Instructions:**

Protect from light; VESICANT. Nurses to chart as GIVEN on the MAR. Administer via CADD pump.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	50 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	100 mL	No	Yes

**Rituximab Pre-Medications**

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg      Route: oral      once for 1 dose

Start: S

**Instructions:**

Give 30 minutes before rituximab infusion.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg      Route: intravenous      once for 1 dose

Start: S

**Instructions:**

Give 30 minutes before rituximab infusion.

**sodium chloride 0.9 % infusion 500 mL**

Dose: 500 mL      Route: intravenous      continuous

Start: S

**Pharmacy Consult**

**PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION**

Interval: --      Occurrences: --

**Chemotherapy**

⊙ **RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: --      Route: intravenous      once for 1 dose

Offset: 2 Hours

**Instructions:**

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION	Medications		Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes

DEXTROSE 5 % IN Base No Yes  
 WATER (D5W)  
 INTRAVENOUS  
 SOLUTION

**○ RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m2      Route: intravenous      once over 90 Minutes for 1 dose  
 Offset: 2 Hours

**Instructions:**

**RAPID INFUSION RATE:** Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

**Reaction grades:**

**Grade 3 Reaction:** Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

**Grade 4 Reaction:** Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 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		No	Yes

**Rituximab Instructions**

**VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL**

Interval: --      Occurrences: --  
 Comments:      1) During Rituximab infusion:  
 -Vitals every 15 minutes during 1st hour of infusion, THEN  
 -Every 30 minutes for 1 hour, THEN  
 -Every hour until end of infusion  
 -Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

**ONC NURSING COMMUNICATION 26**

Interval: --      Occurrences: --  
 Comments:      2) Infuse antibody via pump  
 3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the

previous rate)

Rituximab Infusion Reaction Orders

**meperidine (DEMEROL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once PRN  
Start: S

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg                      Route: intravenous                      once PRN

**famotidine (PEPCID) injection 20 mg**

Dose: 20 mg                      Route: intravenous                      once PRN  
Start: S

Rituximab Additional Orders

**epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg**

Dose: 0.3 mg                      Route: intramuscular                      once PRN  
Start: S

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.

Post-Medications

**pegfilgrastim (NEULASTA) on-body injection kit 6 mg**

Dose: 6 mg                      Route: subcutaneous                      once for 1 dose  
Start: S                      End: S

Instructions:

Apply to intact, nonirritated skin on the back of the arm or abdomen (only use the back of the arm if caregiver is available to monitor On-body injection status).