

## OP R-CVP

*Types:* ONCOLOGY TREATMENT

*Synonyms:* CVP, LYMPHOMA, CYCLOPHOSPHAMIDE, VINCRISTINE, ONCOVIN, NON, PREDNISONE, NHL, CYTOXAN, DELTASONE, RCVP, RITUX

<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: --	
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) <ul style="list-style-type: none"> <li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li> </ul>	

- 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.

**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 \*\*\*.

**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) 16 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	16 mg	Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**dexamethasone (DECADRON) 12 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

Instructions:  
 Give ONLY if patient had NOT taken their scheduled dose of ORAL dexamethasone on day of chemotherapy treatment.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                      once for 1 dose  
 Start: S                      End: S 11:30 AM

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg                      Route: oral                      once for 1 dose  
 Start: S

**palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg                      Route: intravenous                      once for 1 dose  
 Start: S                      End: S 3:00 PM

**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 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

Chemotherapy

**cyclophosphamide (CYTOXAN) 750 mg/m<sup>2</sup> in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 750 mg/m<sup>2</sup>      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:

Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.

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

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 15 Minutes for 1 dose  
Offset: 1.5 Hours

Instructions:

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

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,IN TRAVENOUS	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.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	RITUXIMAB 10 MG/ML CONCENTRATE,IN TRAVENOUS	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).

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	RITUXIMAB 10 MG/ML	Medications	375 mg/m2	Main Ingredient	Yes
	CONCENTRATE, IN TRAVENOUS 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.

**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: --

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.

**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 \*\*\*.

**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) 16 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	16 mg	Yes	No
	DEXAMETHASONE 4 MG/ML	Medications	12 mg	No	No

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

**dexamethasone (DECADRON) 12 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

Instructions:  
Give ONLY if patient had NOT taken their scheduled dose of ORAL dexamethasone on day of chemotherapy treatment.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                      once for 1 dose  
Start: S                      End: S 11:30 AM

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg                      Route: oral                      once for 1 dose  
Start: S

**palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg                      Route: intravenous                      once for 1 dose  
Start: S                      End: S 3:00 PM

**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

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	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	Base	130 mL	No	Yes

CHLORIDE 0.9 % IV  
SOLP  
(EXCEL;NON-PVC)

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	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

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

Instructions:

Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAM	Medications	750	Main	Yes
	IDE 1 GRAM		mg/m2	Ingredient	
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	250 mL	No	Yes
	INTRAVENOUS SOLUTION				

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 15 Minutes for 1 dose  
Offset: 1.5 Hours

Instructions:

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	Medications	1.4	Main	Yes
	INTRAVENOUS SOLUTION		mg/m2	Ingredient	
	SODIUM CHLORIDE 0.9 %	QS Base	50 mL	Yes	Yes
	INTRAVENOUS SOLUTION				

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 ma                      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	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

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

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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.