

OP R-MINICHOP

Types: ONCOLOGY TREATMENT

Synonyms: RMINICHOP, LYMPHOMA, LIMP, CYCLOPHOSPHAMIDE, VINCRISTINE, DOXORUBICIN, PREDNISONE, RITUX, R MINI CHOP, MINI

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
Day 1		Perform every 1 day x1
Take-Home Medications Prior to Treatment		
predniSONE (DELTASONE) 50 MG tablet		
Dose: 40 mg/m2	Route: oral	daily
Dispense: --	Refills: --	
Start: S	End: S+5	
Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1		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: --	
<input type="checkbox"/> 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) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 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) 400 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB**
Dose: 400 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	400 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 mg in sodium chloride 0.9% 50 mL chemo IVPB

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

Instructions:
Protect from light, VESICANT. Flat dose of 1 mg.

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

DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 25 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	25 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

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.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	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	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, IN TRAVENOUS	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).

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	Medications	130 mg	Main Ingredient	Yes

EMULSION 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) 400 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 400 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	400 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 mg in sodium chloride 0.9% 50 mL chemo IVPB

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

Instructions:
Protect from light, VESICANT. Flat dose of 1 mg.

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

DOXOrubicin (ADRIAMycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 25 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	Medications	25 mg/m2	Main Ingredient	Yes

INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes
INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	Base	50 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	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, IN TRAVENOUS	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

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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).