

# OP TC

Types: ONCOLOGY TREATMENT

Synonyms: TC, CYCLOPHOSPHAMIDE, DOCETAXEL, CYTOXAN, TAXOTERE, TACK, SITE, PSYC, DOS, BREAST

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
<b>Day 1</b>		Perform every 1 day x1
Pre-Medications		
<input type="radio"/> <b>dexamethasone (DECADRON) 4 MG tablet</b>		
Dose: 8 mg	Route: oral	2 times daily
Dispense: 12 tablet	Refills: 5	
Start: S	End: S+3	
Instructions: Start day prior to chemotherapy administration.		
Cycles 1 to 4	Repeat 4 times	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>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: --	Occurrences: --	
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b>		
Interval: --	Occurrences: --	
Outpatient Electrolyte Replacement Protocol		
<b>TREATMENT CONDITIONS 39</b>		
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	
<b>TREATMENT CONDITIONS 40</b>		
Interval: --	Occurrences: --	

- Comments:
- o 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

**ONC NURSING COMMUNICATION 8**

Interval: -- Occurrences: --  
 Comments: Verify that patient took DEXAMETHASONE orally prior to chemotherapy. Otherwise, please contact physician to order Dexamethasone IV.

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 (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	Base		No	Yes

SOLUTION

**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

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

**DOCetaxel (TAXOTERE) 75 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m2                      Route: intravenous                      once over 60 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:

Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOCETAXEL 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	QS Base	250 mL	No	Yes

**cyclophosphamide (CYTOXAN) 600 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 600 mg/m2                      Route: intravenous                      once over 60 Minutes for 1 dose  
Offset: 2 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	600 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

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.

Supportive Care

**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).