

OP TCH (LOADING DOSE ONLY)

Types: ONCOLOGY TREATMENT

Synonyms: TCH, DOCETAXEL, CARBOPLATIN, TRASTUZUMAB, HERCEPTIN, TAXOTERE, PARAPLATIN, TACKS, TRASH, CARB, DOS, BREAST

| Take-Home Medications | Repeat 1 time | Cycle length: 1 day |
|---|-----------------|------------------------|
| Day 1 | | Perform every 1 day x1 |
| Pre-Medications | | |
| <input type="radio"/> dexamethasone (DECADRON) 4 MG tablet | | |
| 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. | | |
| 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"/> COMPREHENSIVE METABOLIC PANEL | | |
| Interval: -- | Occurrences: -- | |
| <input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL | | |
| Interval: -- | Occurrences: -- | |
| <input checked="" type="checkbox"/> MAGNESIUM LEVEL | | |
| Interval: -- | Occurrences: -- | |
| <input type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY | | |
| Interval: -- | Occurrences: -- | |
| <input type="checkbox"/> CANCER ANTIGEN 27-29 (CA BR) | | |
| 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

ONC NURSING COMMUNICATION 8

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

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.

Nursing Orders

TREATMENT CONDITIONS 9

Interval: -- Occurrences: --
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; CrCl LESS than 60

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) 4 mg/2 mL injection 8 mg**
 Dose: 8 mg Route: intravenous once for 1 dose
 Start: S End: S 11:15 AM

ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
 Start: S

ondansetron (ZOFRAN) 4 mg/2 mL 16 mg in dextrose 5% 50 mL IVPB

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:00 AM

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

Pre-Medications

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 |

Pre-Medications

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S

Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

diphenhydramine (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:45 AM

Instructions:
 Administer 30 minutes prior to chemotherapy.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-------|-----------------|-----------|
| | DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION | Medications | 50 mg | Main Ingredient | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| | DEXTROSE 5 % IN | Base | 50 mL | No | Yes |

WATER (D5W)
INTRAVENOUS
SOLUTION

diphenhydramine (BENADRYL) tablet 25 mg

Dose: 25 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

diphenhydramine (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

famotidine (PEPCID) 20 mg/2 mL injection 20 mg

Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

famotidine (PEPCID) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

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

trastuzumab (HERCEPTIN) 8 mg/kg in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 8 mg/kg Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
NOT compatible with D5W.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|---------|--------------------|-----------|
| | TRASTUZUMAB 150 MG INTRAVENOUS SOLUTION SODIUM | Medications | 8 mg/kg | Main Ingredient | Yes |
| | | QS Base | 250 mL | Yes | Yes |

CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

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: 2 Hours

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/m ² | 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 |

CARBOplatin (PARAplatin) in sodium chloride 0.9 % 250 mL chemo IVPB

AUC: 6 Use AUC Route: intravenous once over 60 Minutes for 1 dose
Offset: 3 Hours

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|---------------------|--|-------------|-------------|-----------------|------------------|
| | CARBOPLATIN 10 MG/ML INTRAVENOUS SOLUTION | Medications | | 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 |

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).

9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

ONC NURSING COMMUNICATION 4

Interval: --

Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

ONC NURSING COMMUNICATION 83

Interval: --

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg

Route: intravenous

PRN

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

mg

Dose: 20 mg

Route: intravenous

PRN

Start: S

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

Dose: 100 mg Route: intravenous PRN

dexamethasone (DECADRON) injection 4 mg

Dose: 4 mg Route: intravenous PRN
Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT
injection syringe 0.3 mg**

Dose: 0.3 mg Route: subcutaneous 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).