

OP TOPOTECAN (WEEKLY)

Types: ONCOLOGY TREATMENT

Synonyms: TOT, TOPETECAN, HYCAMTIN, HI, TWO, MALIGNANCY , GYNECOLOGIC

Cycles 1 to 3	Repeat 3 times	Cycle length: 28 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"/> CANCER ANTIGEN 125		
Interval: -- Occurrences: --		
<input type="checkbox"/> LDH		
Interval: -- Occurrences: --		
<input type="checkbox"/> 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.

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 (ZOFRAN) 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) 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

Chemotherapy

topotecan (HYCAMTIN) 4 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 4 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TOPOTECAN 4 MG INTRAVENOUS SOLUTION	Medications	4 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 %	QS Base		Yes	Yes

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

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.

Day 2

Perform every 1 day x1

Appointment Request for Neulasta/Neupogen

INJECTION APPOINTMENT REQUEST 17
 Interval: -- Occurrences: --

Post-Medications

TBO-FILGRASTIM INJECTION ORDERABLE solution
 Dose: -- Route: subcutaneous
 Start: S
 Rule-Based Template: RULE ONCBCN
 NEUPOGEN WEIGHT BASED
 Conditions: Weight > 72 kg
 Weight <= 72 kg
 Modifications:
 Set dose to 480 mcg
 Set dose to 300 mcg

Day 8

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
 Interval: -- Occurrences: --

Labs

- COMPREHENSIVE METABOLIC PANEL**
 Interval: -- Occurrences: --
- CBC WITH PLATELET AND DIFFERENTIAL**
 Interval: -- Occurrences: --
- MAGNESIUM LEVEL**
 Interval: -- Occurrences: --
- CANCER ANTIGEN 125**
 Interval: -- Occurrences: --
- LDH**
 Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

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- 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
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Nursing Orders

TREATMENT CONDITIONS 7

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

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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
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Instructions:
To keep vein open.

Pre-Medications

● **ondansetron (ZOFTRAN) injection 8 mg**

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Dose: 16 mg Route: oral once for 1 dose
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Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
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Dose: 4 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TOPOTECAN 4 MG INTRAVENOUS SOLUTION	Medications	4 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

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Comments: Discontinue IV.

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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.

Day 9

Perform every 1 day x1

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Post-Medications

TBO-FILGRASTIM INJECTION ORDERABLE solution

Dose: -- Route: subcutaneous

Start: S

Rule-Based Template: RULE ONCBCN

NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg

Weight <= 72 kg

Modifications:

Set dose to 480 mcg

Set dose to 300 mcg

Day 15

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

CANCER ANTIGEN 125

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

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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"
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	SODIUM	QS Base		Yes	Yes

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

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