

# OP TRABECTEDIN

Types: ONCOLOGY TREATMENT  
Synonyms: TRABE, TRAVE, YAWN, YOND

<b>Cycles 1 to 4</b>	Repeat 4 times	Cycle length: 21 days
<b>Day 1</b>	Perform every 1 day x1	
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: -- Occurrences: --		
<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: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<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: 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.

Hydration

(No Medication Selected)

Dose: -- Route: intravenous continuous  
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXTROSE 5 % IN	Base	1,000 mL	No	Yes
	WATER (D5W)				
	INTRAVENOUS				
	SOLUTION				

Pre-Medications

- palonosetron (ALOXI) injection 0.25 mg**  
Dose: 0.25 mg Route: intravenous once for 1 dose  
Start: S End: S 1:45 PM
- aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg  
Start: S  
Route: intravenous  
End: S  
once over 30 Minutes for 1 dose

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

**netupitant-palonosetron (AKYNZEO) 300-0.5 mg per capsule 1 capsule**

Dose: 1 capsule  
Start: S  
Route: oral  
End: S 5:30 PM  
once for 1 dose  
Instructions:  
Administer approximately 1 hour prior to chemotherapy.

**dexamethasone (DECADRON) 20 mg in sodium chloride 0.9% 50 mL IVPB**

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications		No	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	20 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

Chemotherapy

**trabectedin 1.5 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB - AMBULATORY PUMP**

Dose: 1.5 mg/m2  
Start: S  
Route: intravenous  
End: S  
once over 24 Hours for 1 dose

Instructions:  
Nurses to chart as GIVEN on the MAR.  
Administer through a 0.22 micron-inline filter via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TRABECTEDIN 1 MG INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

Supportive Care

**promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg      Route: injection      every 6 hours 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).

**Day 2**

Perform every 1 day x1

Appointment Requests

**ONC PUMP DISCONNECT APPOINTMENT  
REQUEST**

Interval: --      Occurrences: --

Discharge Nursing Orders

**DISCONNECT CONTINUOUS INFUSION PUMP**

Interval: --      Occurrences: --  
Comments:      Disconnect patient from continuous infusion pump.