

## OP/IP EP-EMA

*Types:* ONCOLOGY TREATMENT

*Synonyms:* EPEMA, EP-EMA, EMA-EP, GESTATIONAL, TROPHO, ETOPOSIDE, METHOTREXATE, ACTINOMYCIN, DACTINOMYCIN, MTX, FROMM

<b>Cycles 1 to 6</b>	Repeat 6 times	Cycle length: 14 days
<b>Day 1 (Outpatient)</b>	Perform every 1 day x1	
Appointment Requests		
<input type="checkbox"/> <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: --

## 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

## Pre-Hydration

### sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL Route: intravenous once @ 500 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  
Start: S End: S 1:45 PM

**dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% IVPB**

Dose: 12 mg Route: intravenous once over 15 Minutes for 1 dose  
Start: S

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	50 mL	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  
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

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

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

**ondansetron (ZOFRAN), dexamethasone (DECADRON) in sodium chloride 0.9% 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S      End: S 11:42 AM

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

**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

Chemotherapy

**etoposide (TOPOSAR) 150 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 150 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 1 Hours

Instructions:  
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	150 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

**CISplatin (PLATINOL) 75 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 75 mg/m2      Route: intravenous      once over 6 Hours for 1 dose  
Offset: 2 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Post-Hydration

**sodium chloride 0.9 % infusion 1,000 mL**

Dose: 1,000 mL      Route: intravenous      once @ 500 mL/hr for 1 dose  
Offset: 4 Hours

Instructions:  
Following chemotherapy.

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.

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once Occurrences: --

**LDH**

Interval: Once Occurrences: --

**URIC ACID LEVEL**

Interval: Once Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until Occurrences: --

discontinued

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, 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

**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	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



**methotrexate PF 300 mg/m2 in sodium chloride 0.9% 1,000 mL chemo IVPB**

Dose: 300 mg/m2      Route: intravenous      once over 12 Hours for 1 dose  
Offset: 120 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	300 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	1,000 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1,000 mL	Yes	Yes

**leucovorin tablet 15 mg**

Dose: 15 mg      Route: oral      every 12 hours for 4 doses  
Offset: 26 Hours

Instructions:  
Administer every 12 hours for 4 doses starting 24 hours after the start of methotrexate.

**leucovorin 15 mg in sodium chloride 0.9% 100 mL chemo IVPB**

Dose: 15 mg      Route: intravenous      every 12 hours over 30 Minutes for 4 doses  
Offset: 26 Hours

Instructions:  
Administer every 12 hours for 4 doses starting 24 hours after the start of methotrexate.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	15 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	99.25 mL	Yes	Yes

**allopurinol (ZYLOPRIM) tablet 100 mg**

Dose: 100 mg      Route: oral      3 times daily for 9 doses  
Start: S

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

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

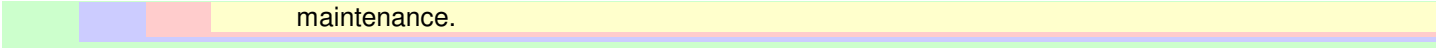
Dose: 20 mL      Route: intravenous      PRN

**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.