MemorialCare

Inpatient Adult Chemotherapy Order Set

EPIC 2993: Lymphoma (CNS) - High Dose METHOTREXATE + riTUXimab (Q2W)

Patient Name: _____ **MRN #:** _____ **DOB:** _____

Diagnosis: _____ **Height:** _____ **Weight:** _____ **BSA:** _____ **m²**

Chemotherapy Treatment Regimen/Protocol: High Dose METHOTREXATE + riTUXimab

Chemotherapy Treatment Start Date: _____ **Current Cycle #:** _____

Draw Labs: ☐ CBC w/diff ☐ CMP ☐ Mg ☐ Phos ☐ LDH ☐ Uric Acid ■ Urine pH Q4H ■ Other MTX & SCr Q24H

☐ Prior to Chemotherapy ☐ Daily ☐ Every Other Day ☐ on Date/Day _____

Notify Provider Parameters:

☐ Notify Provider and hold chemotherapy if ANC is less than _____ and/or platelets are less than _____.

■ Notify Provider if: Methotrexate level is > 50 microM 24 hours after the start of the MTX infusion, and whenever urine pH is < 7 OR SCr > 1.5 x baseline until MTX level is < 0.05 microM.

Clinical Assessment/Treatment Instructions:

■ If new IVF is ordered for chemotherapy regimen, discontinue all currently active IVF orders.

☐ OK to administer chemotherapy with an ANC greater than or equal to _____ and platelets greater than or equal to _____.

■ Other: Start Methotrexate infusion only if urine pH is greater than or equal to 7.0.

■ Other: Order and draw serum Methotrexate lab every 24 hours to begin 24 hours after start of Methotrexate infusion.

Flush Lines:

■ Ok to establish and flush vascular access. ■ Flush Panel: • Heparin 3-5 mL (100 units/mL) IV PRN
• Saline Lock Flush 20 mL IV PRN

Continuous Maintenance IV Fluids:

☐ NS 1000 mL IV at _____ mL/hr ■ D5W 1000 mL with Na Bicarb 100 mEq IV at 125 mL/hr

☐ ½ NS 1000 mL IV at _____ mL/hr ☐ D5 ½ NS 1000 mL with KCL 20 mEq IV at _____ mL/hr

■ Other: Decrease IVF to 50 mL/hr ONLY during MTX infusion and increase back to previous rate after MTX completion.

Pre-Chemotherapy IV Hydration:

☐ NS 500 mL IV ONCE over 2 hours prior to chemotherapy

☐ NS 100 mL with Calcium Gluconate 1 gram IV ONCE over 1 hour prior to chemotherapy

☐ NS 100 mL with Magnesium Sulfate 1 gram IV ONCE over 1 hour prior to chemotherapy

Post-Chemotherapy IV Hydration:

☐ NS 250 mL IV over 1 hour post-chemotherapy ☐ NS 500 mL IV over 2 hours post-chemotherapy

Pre-Chemotherapy Antiemetic Medications: (*Administer 30 minutes prior to chemotherapy or follow administration instructions.*)

☐ **Low Risk:** • Dexamethasone (Decadron) 8 mg IV DAILY on Day(s): _____

☐ **Moderate Low Risk:** •Ondansetron (Zofran) 16 mg IV DAILY on Day(s): _____
•Dexamethasone (Decadron) 16 mg IV DAILY on Day(s): _____

☐ **Moderate High Risk:** • Palonosetron (Aloxi) 0.25 mg IV ONCE on Day 1
• Dexamethasone (Decadron) 16 mg IV DAILY on Day(s): _____

☐ **High Risk:** • Fosaprepitant (Emend) 150 mg IV ONCE on Day 1
• Ondansetron (Zofran) 8 mg IV ONCE on Day 1
• Dexamethasone (Decadron) 12 mg IV ONCE on Day 1 and _____

■ **Other:** Granisetron (Kytril) 1 mg IV ONCE and Dexamethasone (Decadron) 10 mg IV ONCE prior to Methotrexate

Pre-Chemotherapy "Other" Medications:

■ Acetaminophen (Tylenol) 650 mg PO ONCE on Day(s): 1
■ DiphenhydrAMINE (Benadryl) 25 mg IV ONCE on Day(s): 1
☐ Famotidine (Pepcid) 20 mg IV ONCE on Day(s): _____
☐ MetoCLOPramide (Reglan) 10 mg IV ONCE on Day(s): _____
☐ OLANZapine (ZyPREXA) 10 mg PO Daily on Days: _____ *(Give initial dose prior to chemotherapy)*
☐ Granisetron (Kytril) 1 mg IV ONCE on Day(s): _____
☐ LORazepam (Ativan) 0.5 mg IV ONCE on Day(s): _____
☐ Atropine 0.4 mg SubQ ONCE prior to Irinotecan
☐ Other: _____

PRN Medications:

☐ Ondansetron (Zofran) 4 mg IV Q6H PRN N/V
☐ Prochlorperazine (Compazine) 10 mg IV Q6H PRN N/V
☐ DiphenhydrAMINE (Benadryl) 25 mg IV Q6H PRN itching, N/V
☐ Acetaminophen (Tylenol) 650 mg PO Q6H PRN H/A, fever
☐ Granisetron (Kytril) 1 mg IV Q12H PRN N/V
☐ MetoCLOPramide (Reglan) 10 mg IV Q6H PRN N/V
☐ LORazepam (Ativan) _____ mg PO/IV Q6H PRN anxiety, N/V
■ Other: Sodium Bicarbonate 50 mEq IV Q4H PRN urine pH < 7.0 and continue until MTX level is < 0.05 microM

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 8/2/21 1017

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Chemotherapy Treatment Regimen/Protocol: High Dose METHOTREXATE + riTUXimab **BSA** _____ **m^2**

- **Provide documentation if using non-standard regimen/protocol:** _____
- **Reason for chemotherapy dose deviation from standard regimen/protocol:**
  ☐ Age ☐ Renal Function ☐ Hepatic Function ☐ Hematologic Factors ☐ Previous Toxicity ☐ Other: _____
- **BSA\Wt dosing:** If BSA >2 m^2, use BSA of _____ m^2 OR If not using ACTUAL Wt, use ☐ Adjusted ☐ Lean
- **For AUC dosing:** Patient's actual SCr will be used for dose calculation (minimum of 0.7 mg/dL per hospital policy) unless MD specifies SCr to use here: _____ mg/dL. (Maximum CrCl for dose calculation is 125 mL/min.). If CARBOplatin is ordered, prescriber MUST calculate and specify dose in milligrams

Documentation required for **Lifetime Cumulative Dose (LCD)** given to date: Anthracyclines _____ mg/m^2 or Bleomycin _____ units.

Chemotherapeutic Drugs: *(Please do not use unapproved abbreviations such as "d" for dose or Day…)*

Drug Name	Intended Dose (mg/m^2 or mg/kg or AUC)	Actual Dose (mg or units)	Route & Frequency
riTUXimab-abbs (TRUXIMA)	375 mg/m2		IV ONCE on Day 1 start after pre-medication with Tylenol & Benadryl
Methotrexate	8 g/m2		in 1000 mL NS IV over 6 hrs ONCE on Day 1 (start MTX infusion when urine pH > 7)
Leucovorin		25 mg	in 50 mL NS IV Q6H start 24 hrs after the start of MTX infusion & continue until MTX level < 0.05 microM

Chemotherapy Infusion Reaction Medications: *(All medications will be ordered together; RN will notify physician of all chemo infusion reactions)*

■
- Acetaminophen (Tylenol) 650 mg PO PRN x 1 for fever, chills
- DiphenhydrAMINE (Benadryl) 50 mg IV PRN x 1 for itching, facial flushing, hives, rash
- MethylPREDNISolone (Solu-Medrol) 125 mg IV PRN x 1 for wheezing, shortness of breath or symptoms unresponsive to IV diphenhydrAMINE
- EPINEPHrine 0.3 mg IM PRN x 1 for anaphylaxis
- Famotidine (Pepcid) 20 mg IV PRN x 1 for itching, facial flushing, hives, rash if famotidine not given as premed
- Meperidine (Demerol) 25 mg IV PRN x 1 for severe rigors
- Albuterol (Proventil HFA, Ventolin HFA) 90 mcg/actuation MDI 2 puffs PRN x 1 for wheezing, shortness of breath, dyspnea

Miscellaneous Medication Consult Per Pharmacy Orders:

■ If patient is on a proton pump inhibitor, okay to change to famotidine IV/PO equivalent dosing per pharmacy. Physician will re-intiate PPI therapy when appropriate.

■ If patient is currently on oral trimethorim-sulfamethoxazole (Bactrim), discontinue trimethprim-sulfamethoxazole order. Physician will re-initiate when appropriate.

Supportive Therapy:

☐ Filgrastim - sndz (Zarxio) _____mcg (300 mcg or 480 mg) SubQ DAILY starting on Day _____ after chemo. Continue filgrastim-sndz DAILY for ___ days (regardless of ANC), then HOLD subsequent dose when ANC is greater than _____.

☐ Allopurinol (Zyloprim) _____ mg PO DAILY

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 8/2/21 1017

Version Date: March 2021