MemorialCare

Outpatient Adult Chemotherapy Order Set

EPIC 3053 Ovarian Cancer (Platinum Sensitive or Resistant) Single Agent

MITO ARM Regimen 1 (DOXOrubicin Liposomal) Q 4 Weeks

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

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

Chemotherapy Treatment Regimen/Protocol: MITO ARM - Regimen 1 - Q4Week

Chemotherapy Treatment Start Date: _____ **Current Cycle #:** _____ **Day #:** 1 **Total # of Cycles Planned:** _____

Labs: ☐ Prior to chemotherapy ☐ Draw every _____ week(s) ☐ Draw after cycle # _____ ☐ Draw on Date/Day _____

☐ CBC w/diff ☐ CMP ☐ Mg ☐ Phos ☐ SCr ☐ Other _____

Notify Provider Parameters:

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

☐ Notify Provider if: _____.

Flush Lines and TKO IVF:

■ Ok to establish and flush vascular access ■ NS 250 mL at 20 mL/hr (TKO)

■ Flush Panel: • Heparin 3-5 mL (100 units/mL) IV PRN
• Saline Lock Flush 20 mL IV PRN

Pre-Chemotherapy IV Hydration:

☐ NS 250 mL IV over 30 minutes ☐ NS 500 mL over 60 mins ☐ Other:_____

Post-Chemotherapy IV Hydration:

☐ NS 250 mL IV over 30 minutes ☐ NS 500 mL over 60 mins ☐ Other:_____

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

■ **Low Risk:** • Dexamethasone (Decadron) 8 mg IV ONCE

☐ **Moderate Low Risk:** • Ondansetron (Zofran) 16 mg IV ONCE
• Dexamethasone (Decadron) 16 mg IV ONCE

☐ **Moderate High Risk:** • Palonosetron (Aloxi) 0.25 mg IV ONCE
• Dexamethasone (Decadron) 16 mg IV ONCE

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

☐ **Other:** _____

Pre-Chemotherapy "Other" Medications:

☐ DiphenhydrAMINE (Benadryl) 25 mg IV ONCE ☐ Famotidine (Pepcid) 20 mg IV ONCE

☐ Acetaminophen (Tylenol) 650 mg PO ONCE ☐ Other: _____

PRN Medications:

☐ Ondansetron (Zofran) 4 mg IV Q6H PRN N/V ☐ DiphenhydrAMINE (Benadryl) 25 mg IV Q6H PRN itching, N/V

☐ Granisetron (Kytril) 1 mg IV Q12H PRN N/V ☐ LORazepam (Ativan) _____ mg PO/IV Q6H PRN anxiety, N/V

☐ MetoCLOPramide (Reglan) 10 mg IV Q6H PRN N/V ☐ Acetaminophen (Tylenol) 650 mg PO Q6H PRN H/A, fever

☐ Prochlorperazine (Compazine) 10 mg IV Q6H PRN N/V ☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 9/27/22 1536

Version Date: March 2021

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

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

Chemotherapy Treatment Regimen/Protocol: MITO ARM - Regimen 1 - Q4Week

- **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 m², use BSA of _____ m² OR If not using ACTUAL Wt, use ☐ Adjusted ☐ Ideal
- **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 used for dose calculation is 125 mL/min.) If CARBOplatin is ordered, prescriber MUSTcalculate and specify dose in milligrams

Drug Name	Intended Dose (mg/m² or mg/kg or AUC)	Actual Dose (mg or units)	Route & Frequency
DOXOrubicin liposomal (DOXIL)	40 mg/m2		IV ONCE in 250 mL D5W over 1 hour (maximum rate of infusion is 1 mg/minute) on Day 1
			Lifetime cumulative DOXOrubicin liposomal given to date: _____ mg/m2

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

Supportive Therapy: Click on drug for drop down list of Biosimilar products

☐ pegfilgrastim (Neulasta) 6mg SubQ ONCE. Start 24 hours after chemotherapy on Day ____

☐ pegfilgrastim (ONPRO Delivery Kit) 6 mg SubQ ONCE apply after chemotherapy given.

☐ filgrastim-sndz (Zarxio) ____ mcg SubQ DAILY for _____ days. Start 24 hours after chemotherapy on Day_____

☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 9/27/22 1536

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