MemorialCare

Outpatient Adult Chemotherapy Order Set

EPIC 2986/3094/3095: Ovarian Cancer - GOG 252 (Regimen 3) - Days 1, 2 and 8 (TaxOL IV, CISplatin Intraperitoneal (IP) and TaxOL Intraperitoneal (IP) Q3W

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

Diagnosis: _____ **Height:** _____ **Weight:** _____ **BSA:** _____ **m^2 Allergies:** _____

Chemotherapy Treatment Regimen/Protocol: GOG 252 (Regimen 3) - Days 1, 2 and 8 (TaxOL IV, Cisplatin IP & TaxOL IP) Q3W

Chemotherapy Treatment Start Date: _____ **Current Cycle #:** _____ **Day #:** 1, 2, 8 **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: patient develops any discomfort with INTRAPERITONEAL instillation.

Clinical Assessment/Treatment Instructions for Intraperitoneal Chemotherapy Infusions (after pre - meds):
■ Access abdominal port w/1 in. Huber needle & flush w/20 cc of NS to assess patency. Follow w/100 mL NS by gravity via abd. port.
☐ Pre-intraperitoneal chemo, infuse 500-1000 mL NS warmed NS to 37C via abd. port by gravity. Goal up to 1500cc total abd. fluid.
☐ Post-intraperitoneal chemo, infuse 500-1000 mL NS warmed NS to 37C via abd. port by gravity. Goal up to 1500cc total abd. fluid.
■ Patient must change position q15 minutes for 2 hrs., rolling from side to side for adequate distribution following the IP infusion.
■ Flush then discontinue abdominal port. Observe patient for 1 hour. Discontinue IV access. Discharge patient when stable.
☐ Other: _____

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/IP Hydration:
☐ NS 250 mL IV over 30 ☐ NS 500 mL over 60 minutes ☐ Other: NS 500-1000 mL IP prior to chemo Day 2 & 8

Post-Chemotherapy IV/IP Hydration:
☐ NS 250 mL IV over 30 minutes ☐ NS 500 mL over 60 minutes ☐ Other: NS 500-1000 mL IP post chemo Day 2 & 8

Pre-Chemotherapy Antiemetic Medications: (*Administer 30 minutes prior to chemotherapy or follow administration instructions.*)
■ **Low Risk:** • Dexamethasone (Decadron) 8 mg IV ONCE on **Days 1 & 8**
☐ **Moderate Low Risk:** • Ondansetron (Zofran) 16 mg IV ONCE
• Dexamethasone (Decadron) 20 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 on **Day 2 ONLY**
• Ondansetron (Zofran) 8 mg IV ONCE
• Dexamethasone (Decadron) 12 mg IV ONCE
☐ **Other:** _____

Pre-Chemotherapy "Other" Medications:
■ DiphenhydrAMINE (Benadryl) 25 mg IV ONCE on **Days 1 & 8** ■ Famotidine (Pepcid) 20 mg IV ONCE on **Days 1 & 8**
☐ Acetaminophen (Tylenol) 650 mg PO ONCE ☐ Other: _____

PRN Medications:
☐ Ondansetron (Zofran) 4 mg IV Q6H PRN N/V
☐ Granisetron (Kytril) 1 mg IV Q12H PRN N/V
☐ MetoCLOPramide (Reglan) 10 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
☐ LORazepam (Ativan) _____ mg PO/IV Q6H PRN anxiety, N/V
☐ Acetaminophen (Tylenol) 650 mg PO Q6H PRN H/A, fever
☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 9/27/22 1531

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Chemotherapy Treatment Regimen/Protocol: GOG 252 (Regimen 3) - Days 1, 2 and 8 (TaxOL IV, Cisplatin IP & TaxOL IP) Q3W

- **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
PACLitaxel (TaxOL)	135 mg/m2		IV ONCE over 3 hours on Day 1
CISplatin (PLATINOL-AQ)	75 mg/m2		INTRAPERITONEAL ONCE in 500 mL NS (warmed to body temperature) on Day 2
PACLitaxel (TaxOL)	60 mg/m2		INTRAPERITONEAL ONCE in 500 mL NS (warmed to body temperature) on Day 8

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) 6 mg SubQ ONCE. Start 24 hours 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 chemothearpy on Day _____

☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 9/27/22 1531

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