**Physician’s Orders**

**CYCLOPHOSPHAMIDE (CYTOXAN) FOR NON-ONCOLOGY RELATED DIAGNOSIS - ADULT, INPATIENT/OUTPATIENT, INFUSION CENTER**

Page 1 of 5

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**Anticipated Infusion Date**

**ICD 10 Code with Description**

**Height**

**(cm)**

**Weight**

**(kg)**

**Allergies**

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**Provider Specialty**

- ☐ Allergy/Immunology
- ☐ Infectious Disease
- ☐ OB/GYN
- ☐ Rheumatology
- ☐ Cardiology
- ☐ Internal Med/Family Practice
- ☐ Other
- ☐ Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Otolaryngology
- ☐ Urology
- ☐ Genetics
- ☐ Neurology
- ☐ Pulmonary
- ☐ Wound Care

**Site of Service**

- ☐ SH Gerber
- ☐ SH Lemmen Holton (GR)
- ☐ SH Pennock
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ SH Reed City
- ☐ SH Zeeland

**Treatment Intent**

- ☐ Conditioning
- ☐ Curative
- ☐ Mobilization
- ☐ Supportive
- ☐ Control
- ☐ Maintenance
- ☐ Palliative

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**Types:** NON-ONCOLOGY SUPPORTIVE CARE

**Synonyms:** CYCLOPHOSPHAMIDE, CYTOXAN, WEGENER, WGD, GRANULOMATOSIS, PULSE, LUPUS, NEPHRITIS, POLYMYSITIS, DERMATOMYOSITIS, VASCULITIS

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**Pre-Treatment Cycle**

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Cycle length: 1 day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription</strong></td>
<td>Perform every 1 day x1</td>
</tr>
</tbody>
</table>

- **prochlorperazine (COMPAZINE) 10 MG tablet**
  - **Dose:** 10 mg
  - **Route:** Oral
  - **Interval:** Every 6 hours PRN nausea
  - **Dispense:** 30 tablets
  - **Refills:** 5

- **mesna (MESNEX) 400 MG tablet**
  - **Dose:** 400 mg
  - **Route:** Oral
  - **Dispense:** _____ tablets
  - **Refills:** _____

  **Instructions:**
  - Take 1 tablet (400 mg) as close as possible to 2 hours and 6 hours after START of each CYCLOPHOSPHAMIDE infusion in outpatient clinic.

  - E-prescribed order

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**Cycle 1**

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Cycle length: 28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appointment Requests</strong></td>
<td>Perform every 1 day x1</td>
</tr>
</tbody>
</table>

- **ONCBNCN ADMIT APPOINTMENT REQUEST**
  - **Interval:** Once
  - **Occurrences:** Once
  - **Expected:** S, Expires: S+365, No date restriction

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**CONTINUED ON PAGE 2 ➔**

**NOTE:** Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
### Provider Reminder

#### ONC PROVIDER REMINDER 15

**Interval:** Until discontinued  
**Comments:** The recommended dosing of IV mesna is a total dose equal to 60% (1 mg : 1 mg) of the total cyclophosphamide dose, in the form of 3 equal doses of mesna (20% each of the total dose), with the first dose administered 15 to 30 minutes prior to cyclophosphamide and the others administered 4 hours and 8 hours following START of cyclophosphamide infusion.  

When mesna is given orally, the individual dose amount should be equal to 40% of the cyclophosphamide dose (IV), based on the 50% oral bioavailability of mesna. For convenience, a combination of IV and oral mesna doses can be given: an initial IV dose (equal to 20% of the cyclophosphamide dose) followed by 2 oral doses (each equal to 40% of the cyclophosphamide dose).

### Treatment Parameters

#### ONC MONITORING AND HOLD PARAMETERS 2

**Interval:** Until discontinued  
**Comments:** May proceed with therapy when cleared by provider.

### Nursing Orders

#### ONC NURSING COMMUNICATION 5

**Interval:** Until discontinued  
**Comments:** Instruct patient to drink at least 6 glasses of water (8 oz) day of cyclophosphamide administration.  
Instruct patient to report any changes in urine color to red, brown, or orange.

### Hydration

**sodium chloride 0.9% bolus injection 1,000 mL**  
**Dose:** 1,000 mL  
**Route:** Intravenous  
**Offset:** 0 Hours  
**Instructions:** Pre-hydration for 2 hours prior to cyclophosphamide

### Pre-Medications

**ondansetron HCl (ZOFRAN) 16 mg in sodium chloride 0.9 % 58 mL IVPB**  
**Dose:** 16 mg  
**Route:** Intravenous  
**Offset:** 120 Minutes after treatment start time  
**Instructions:** Start 30 minutes prior to chemotherapy

### Chemotherapy

**mesna (MESNEX) 100 mg/m² in sodium chloride 0.9 % 100 mL IVPB**  
**Dose:** 100 mg/m²  
**Route:** Intravenous  
**Offset:** 135 Minutes after treatment start time  
**Instructions:** Hour 0 (zero). Administer 15 to 30 minutes prior to cyclophosphamide.

### Chemotherapy

**cyclophosphamide (CYTOXAN) 500 mg/m² in sodium chloride 0.9 % 250 mL chemo IVPB**  
**Dose:** 500 mg/m²  
**Route:** Intravenous  
**Offset:** 150 Minutes after treatment start time
CYCLOPHOSPHAMIDE (CYTOXAN) FOR NON-ONCOLOGY RELATED DIAGNOSIS - ADULT, INPATIENT/OUTPATIENT, INFUSION CENTER (CONTINUED)
Labs

**COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**
Interval: Once Occurrences: 5 Treatment Cycles
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

**COMPREHENSIVE METABOLIC PANEL**
Interval: Once Occurrences: 5 Treatment Cycles
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Nursing Orders

**ONC NURSING COMMUNICATION 5**
Interval: Until discontinued Occurrences: 5 Treatment Cycles
Comments:
Instruct patient to drink at least 6 glasses of water (8 oz) day of cyclophosphamide administration.
Instruct patient to report any changes in urine color to red, brown, or orange.

**ONC NURSING COMMUNICATION 20**
Interval: Until discontinued Occurrences: 5 Treatment Cycles
Comments:
Ensure patient understands how to take mesna at home. Should be taken twice daily timed to be as close as possible to 2 hours and 6 hours after the START of the CYCLOPHOSPHAMIDE infusion.

**ONC NURSING COMMUNICATION 9**
Interval: Until discontinued Occurrences: 5 Treatment Cycles
Comments:
Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

**ONC NURSING COMMUNICATION 200**
Interval: Until discontinued Occurrences: 5 Treatment Cycles
Comments:
May Initiate IV Catheter Patency Adult Protocol.

Treatment Parameters

**ONC MONITORING AND HOLD PARAMETERS 6**
Interval: Once Occurrences: 5 Treatment Cycles
Comments:
May proceed with therapy if absolute neutrophil count (ANC) greater than 2,000 per microliter

**ONC MONITORING AND HOLD PARAMETERS 6**
Interval: Until discontinued Occurrences: 5 Treatment Cycles
Comments:
May proceed with chemotherapy if platelets greater than 140,000 per microliter

**ONC MONITORING AND HOLD PARAMETERS 16**
Interval: Until discontinued Occurrences: 5 Treatment Cycles
Comments:
CONTACT PROVIDER PRIOR TO PROCEEDING WITH CHEMOTHERAPY
### Hydration

<table>
<thead>
<tr>
<th>Drug</th>
<th>Type</th>
<th>Dose</th>
<th>Route</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium chloride 0.9% bolus injection</td>
<td>1,000 mL</td>
<td>Intravenous</td>
<td>Once over 2 Hours (500 mL/hr) for 1 dose</td>
<td>Offset: 0 Hours</td>
</tr>
</tbody>
</table>

**Instructions:**
Pre-hydration for 2 hours prior to cyclophosphamide.

### Pre-Medications

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<th>Interval</th>
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</thead>
<tbody>
<tr>
<td>ondansetron HCl (ZOFRAN)</td>
<td>16 mg in sodium chloride 0.9 % 58 mL IVPB</td>
<td>16 mg</td>
<td>Intravenous</td>
<td>Once over 15 Minutes (232 mL/hr) for 1 dose</td>
</tr>
</tbody>
</table>

**Instructions:**
Start 30 minutes prior to chemotherapy.

### Chemotherapy

<table>
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<th>Interval</th>
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<tbody>
<tr>
<td>mesna (MESNEX)</td>
<td>100 mg/m² in sodium chloride 0.9 % 100 mL IVPB</td>
<td>100 mg/m²</td>
<td>Intravenous</td>
<td>Once over 10 Minutes for 1 dose</td>
</tr>
</tbody>
</table>

**Instructions:**
Hour 0 (zero). Administer 15 to 30 minutes prior to cyclophosphamide.

<table>
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<th>Route</th>
<th>Interval</th>
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<tbody>
<tr>
<td>cyclophosphamide (CYTOXAN)</td>
<td>500 mg/m² in sodium chloride 0.9 % 250 mL chemo IVPB</td>
<td>500 mg/m²</td>
<td>Intravenous</td>
<td>Once over 1 Hours for 1 dose</td>
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**Supportive Care**

<table>
<thead>
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<th>Type</th>
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<th>Route</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>prochlorperazine (COMPAZINE) injection</td>
<td>10 mg</td>
<td>Intravenous</td>
<td>Interval: Every 6 hours PRN nausea/vomiting</td>
<td></td>
</tr>
</tbody>
</table>

Start: S, Administer over 5 minutes. Use 1st line for nausea/vomiting for patients unable to tolerate oral medications. Administer prochlorperazine no more frequently than every 6 hours.

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<th>Route</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>prochlorperazine (COMPAZINE) tablet</td>
<td>10 mg</td>
<td>Oral</td>
<td>Interval: Every 6 hours PRN nausea/vomiting</td>
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</tbody>
</table>

Start: S, Use 1st line for nausea/vomiting for patients able to tolerate oral medications. Administer prochlorperazine no more frequently than every 6 hours.

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<th>Route</th>
<th>Interval</th>
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</thead>
<tbody>
<tr>
<td>LORazepam (ATIVAN) injection</td>
<td>0.5 mg</td>
<td>Intravenous</td>
<td>Interval: Every 4 hours PRN For breakthrough nausea or vomiting</td>
<td></td>
</tr>
</tbody>
</table>

Start: S, Administer over 5 minutes. Use 2nd line for nausea/vomiting for patients unable to tolerate oral medications. Administer lorazepam no more frequently than every 4 hours. For IV use: Dilute with an equal amount of normal saline.

<table>
<thead>
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Start: S, Use 2nd line for nausea/vomiting for patients able to tolerate oral medications. Administer lorazepam no more frequently than every 4 hours.

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**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.