

Physician's Orders

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

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 Anticipated Infusion Date _____ ICD 10 Code with Description _____
 Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Treatment Intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Types: NON-ONCOLOGY SUPPORTIVE CARE

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

| Pre-Treatment Cycle | Day 1 | Cycle length: 1 day |
|---|-------|------------------------|
| Day 1 | | Perform every 1 day x1 |
| Prescription | | |
| <input checked="" type="radio"/> prochlorperazine (COMPAZINE) 10 MG tablet Dose: 10 mg Route: Oral Interval: Every 6 hours PRN nausea Dispense: 30 tablets Refills: 5 E-prescribed order | | |
| Prescription | | |
| <input checked="" type="radio"/> 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 | | |
| Cycle 1 | Day 1 | Cycle length: 28 days |
| Day 1 | | Perform every 1 day x1 |
| Appointment Requests | | |
| <input checked="" type="radio"/> ONCBCN ADMIT APPOINTMENT REQUEST Interval: Once Occurrences: Once Expected: S, Expires: S+365, No date restriction | | |

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

CONTINUED ON PAGE 2 →
NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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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 Once over 2 Hours (500 mL/hr) for 1 dose
 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 Once over 15 Minutes (232 mL/hr) for 1 dose
 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 Once over 10 Minutes for 1 dose
 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 Once over 1 Hours for 1 dose
 Offset: 150 Minutes after treatment start time

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

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Chemotherapy
 mesna (MESNEX) 100 mg/m² in sodium chloride 0.9 % 100 mL IVPB

 Dose: 100 mg/m² Route: Intravenous Every 4 hours over 10 Minutes for 2 doses
 Offset: 390 Minutes after treatment start time

 Instructions:
 Hours 4 and 8 after start cyclophosphamide infusion.

Supportive Care
 prochlorperazine (COMPAZINE) injection 10 mg

Dose: 10 mg Route: Intravenous Interval: Every 6 hours PRN nausea/vomiting

 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.

 prochlorperazine (COMPAZINE) tablet 10 mg

Dose: 10 mg Route: Oral Interval: Every 6 hours PRN nausea/vomiting

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

 LORazepam (ATIVAN) injection

 Dose: 0.5 mg Route: Intravenous Interval: Every 4 hours PRN
 For breakthrough nausea or vomiting

 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.

 LORazepam (ATIVAN) tablet

 Dose: 0.5 mg Route: Oral Interval: Every 4 hours PRN
 For breakthrough nausea or vomiting

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

Cycles 2 to 6

Repeat 5 times

Cycle length: 28 days

Day 1

Perform every 1 day x1

Appointment Requests
 ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

 Interval: Once Occurrences: 5 Treatment Cycles
 Expected: S, Expires: S+365, 360 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Provider Reminder
 ONC PROVIDER REMINDER 15

 Interval: Until discontinued Occurrences: 5 Treatment Cycles
 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).

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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

Labs

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.

Nursing Orders

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.

Nursing Orders

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

Treatment Parameters

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

Treatment Parameters

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

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

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Hydration
 sodium chloride 0.9% bolus injection 1,000 mL

 Dose: 1,000 mL Route: Intravenous Once over 2 Hours (500 mL/hr) for 1 dose
 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 Once over 15 Minutes (232 mL/hr) for 1 dose
 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 Once over 10 Minutes for 1 dose
 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 Once over 1 Hours for 1 dose
 Offset: 150 Minutes after treatment start time

Supportive Care
 prochlorperazine (COMPAZINE) injection 10 mg

Dose: 10 mg Route: Intravenous Interval: Every 6 hours PRN nausea/vomiting

 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.

 prochlorperazine (COMPAZINE) tablet 10 mg

Dose: 10 mg Route: Oral Interval: Every 6 hours PRN nausea/vomiting

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

 LORazepam (ATIVAN) injection

 Dose: 0.5 mg Route: Intravenous Interval: Every 4 hours PRN
 For breakthrough nausea or vomiting

 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.

 LORazepam (ATIVAN) tablet

 Dose: 0.5 mg Route: Oral Interval: Every 4 hours PRN
 For breakthrough nausea or vomiting

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

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

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

| TRANSCRIBED: | | VALIDATED: | | ORDERED: | | Pager # |
|--------------|------|------------|-----------|----------|-----------------|-----------|
| TIME | DATE | TIME | DATE | TIME | DATE | |
| | | | | | | |
| | Sign | | R.N. Sign | | Physician Print | Physician |

EPIC VERSION DATE: