LEGACY HEALTH	Legacy Day Treatment Unit Provider's Orders Adult Ambulatory Infusion Order CYCLOPHOSPHAMIDE NON- ONCOLOGY (CYTOXAN)	Patient Name: Date of Birth: Med. Rec. No (TVC MRN Only):
	ALL ORDERS MUST BE MARK	ED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Anticipated Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_\_ \*\*This plan will expire after 365 days, unless otherwise specified below\*\* \*\*Height, weight, and BSA are required for a complete order if dosing based on BSA\*\*

Orders expire:	
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Weight:	kg	Height: _	cm
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Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis

Diagnosis Code: \_\_\_\_\_

## **GUIDELINES FOR PRESCRIBING:**

- 1. Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note
- 2. This order set should be used for administration of intravenous cyclophosphamide (CYTOXAN) to patients with autoimmune disorders

# LABS TO BE DRAWN within 4 days of Treatment (orders must be placed in TVC EPIC by ordering provider if TVC provider):

Complete Metabolic Panel, Routine, every \_\_\_\_(visit)(days)(weeks)(months) Circle one

CBC with differential, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months) Circle one

Other: \_\_\_\_\_

**PRE-MEDICATIONS:** (Administer 30 minutes prior to infusion)

□ ondansetron (Zofran) 16 mg P, ONCE, every visit

dexamethasone (Decadron) 8 mg PO, ONCE, every visit

□ lorazepam (Ativan) 1 mg PO, ONCE, as needed for nausea or anxiety every visit

ONCE, every visit

## **HYDRATION:** (Typical volume 500 – 1000 mL)

Pre-hydration: sodium chloride 0.9% \_\_\_\_\_ mL IV over \_\_\_\_\_ minutes, prior to cyclophosphamide
Post-hydration: sodium chloride 0.9% \_\_\_\_\_ mL IV over \_\_\_\_\_ minutes, after cyclophosphamide

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### MEDICATIONS: (must check at least one):

cyclophosphamide (Cytoxan)	mg/m2 =	mg rounded to	mg in NaCl
0.9% 250 mL IV over 60 minute	s, every visit	-	-

□ cyclophosphamide (Cytoxan) \_\_\_\_\_ mg/kg = \_\_\_\_\_ mg rounded to \_\_\_\_\_ mg in NaCl 0.9% 250 mL IV, ONCE over 60 minutes, every visit (Max dose = \_\_\_\_\_ mg)

Cyclophosphamide (Cytoxan) \_\_\_\_\_ mg in NaCl 0.9% 250 mL IV, over 60 minutes, every visit

#### **INTERVAL:**

Once

Daily x \_\_\_\_\_ doses

- Every \_\_\_\_\_ weeks x \_\_\_\_\_doses
- □ Other \_\_\_\_\_

#### **AS NEEDED MEDICATIONS:**

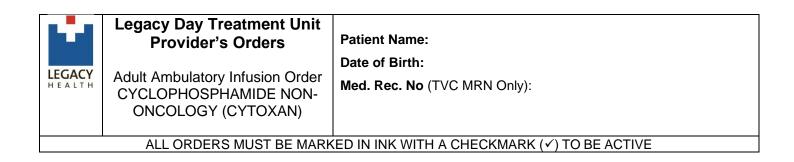
- acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise
- diphenhydramine 25-50 mg oral, EVERY 4 HOURS AS NEEDED for itching

## NURSING ORDERS (TREATMENT PARAMETERS):

- Treatment parameters, every visit: Hold treatment and notify provider if WBC less than 4000 cells/mm3, ANC less than 2000 cells/mm3, or platelets less than 100,000, serum creatinine greater than 1.5 mg/dL, total bilirubin greater than 3, or temperature greater than 38 degrees Celsius, or pregnancy
- 2. Vital signs, every visit: Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the end of infusion
- 3. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.
- 4. Nursing communication orders, every visit: Manage hypersensitivity reactions per LH 906.6606

**HYPERSENSITIVITY MEDICATIONS:** Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients

- 1. diphenhydramine 25-50 mg IV AS NEEDED x1 for hypersensitivity reaction (Max dose: 50 mg)
- 2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
- 3. hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
- 4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
- 5. naloxone (Narcan) 0.4 mg IV, AS NEEDED x1 dose for diminished respiratory rate
- 6. sodium chloride 0.9% 1000 mL IV, AS NEEDED x 1 dose for alteration in hemodynamic status
- 7. Nursing communication order, every visit: Please follow treatment algorithm for acute infusion reaction



Please check the appropriate box for the patient's preferred clinic location:

## □ Legacy Day Treatment Unit

700 NE 87<sup>th</sup> Avenue, Suite 360 Vancouver, WA 98664 Phone number: 360-896-7070 Fax number: 360-487-5773

### Legacy Salmon Creek Day Treatment Unit

2121 NE 139<sup>th</sup> Street, Suite 110 Vancouver, WA 98686 Phone number: 360-487-1750 Fax number: 360-487-5773

# □ Legacy Silverton STEPS Clinic

Legacy Silverton Medical Center 342 Fairview Street Silverton, OR 97381 Phone number: 503-873-1670 Fax number: 503-874-2483

## Legacy Emanuel Day Treatment Unit

501 N Graham Street, Suite 540 Portland, OR 97227 Phone number: 503-413-4608 Fax number: 503-413-4887

Provider signature:	Date/Time	Date/Time:	
Printed Name:	Phone:	Fax:	
Organization/Department:			