**REGIMEN/PROTOCOL:** CYCLOPHOSPHAMIDE + MESNA + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE
(HYPER-CVAD, Odd Cycle)

**PRIMARY DIAGNOSIS:**

**ALLERGIES/REACTIONS:**
- [ ] Curative
- [ ] Palliative
- [ ] Neoadjuvant
- [ ] Adjuvant

**Goal of Chemotherapy:**
- [ ] Curative
- [ ] Palliative
- [ ] Neoadjuvant
- [ ] Adjuvant

**MD to indicate which weight to use:**
- [ ] Actual
- [ ] Ideal
- [ ] Adjusted

**DATE TO BE GIVEN:**

**CYCLE:**

**REGIMEN/PROTOCOL:** CYCLOPHOSPHAMIDE + MESNA + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE
(HYPER-CVAD, Odd Cycle)

**Patient Information**

**DATE TO BE GIVEN:**

**CYCLE:**

**REGIMEN/PROTOCOL:** CYCLOPHOSPHAMIDE + MESNA + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE
(HYPER-CVAD, Odd Cycle)

**Goal of Chemotherapy:**
- [ ] Curative
- [ ] Palliative
- [ ] Neoadjuvant
- [ ] Adjuvant

**MD to indicate which weight to use:**
- [ ] Actual
- [ ] Ideal
- [ ] Adjusted

**HEIGHT (cm):**

**ACTUAL WEIGHT (kg):**

**IDEAL WEIGHT (kg):**

**ADJUSTED WEIGHT (kg):**

**BSA (m²):**

**BSA (m²):**

**BSA (m²):**

**Dosing calculations to be completed by Pharmacist:**

<table>
<thead>
<tr>
<th>CHEMOTHERAPY MEDICATION ORDERS</th>
<th>DOSE (mg/m²)</th>
<th>BSA (m²)</th>
<th>DOSE TO BE GIVEN</th>
<th>ROUTE</th>
<th>INFUSE OVER</th>
<th>DATE(S) AND FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order of administration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>300 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>3 hours</td>
<td>Every 12 hours Days 1-3 (6 doses)</td>
</tr>
<tr>
<td>Mesna</td>
<td>600 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>24 hours</td>
<td>Days 1-3</td>
</tr>
<tr>
<td>Start Mesna with cyclophosphamide; Mesna to end 6 hours after last cyclophosphamide dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vincristine</td>
<td>1.4 mg/m²</td>
<td>X</td>
<td>= 2 mg (max)</td>
<td>IV</td>
<td>15 minutes</td>
<td>Days 4 and 11</td>
</tr>
<tr>
<td>Doxorubicin</td>
<td>50 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>2 hours</td>
<td>Day 4</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>40 mg</td>
<td></td>
<td></td>
<td>IV/PO</td>
<td></td>
<td>Daily on Days 1-4, 11-14</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>12 mg</td>
<td></td>
<td></td>
<td>IT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytarabine</td>
<td>100 mg</td>
<td></td>
<td></td>
<td>IT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONTINUOUS IV CHEMOTHERAPY:** MAY INCREASE RATE BY __________ TO KEEP WITHIN 24 HOUR DOSE.
PATIENT MAY BE OFF CONTINUOUS IV CHEMOTHERAPY NO LONGER THAN 30 MINUTES/24 HOURS

<table>
<thead>
<tr>
<th>HYDRATION ORDERS</th>
<th>HYDRATION SOLUTION</th>
<th>ADDITIVES</th>
<th>RATE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before chemo</td>
<td>Pre-chemo hydration optional if hydrated 1.5-2 Liters before or low risk for tumor lysis syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician initial:**

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**Franciscan Health System**
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**
CHEMOTHERAPY: CYCLOPHOSPHAMIDE + MESNA + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE (HYPER-CVAD, ODD CYCLE)
HOLD CHEMOTHERAPY FOR THE FOLLOWING REASONS:

- Absolute Neutrophil Count (ANC) Less Than ________________ (typically less than 1,000)
- Platelets Less Than ________________ (typically less than 100,000)
- Other: ____________________________________________

**PHARMACY TO MANAGE ANTIEMETICS**

<table>
<thead>
<tr>
<th>ANTIEMETIC ORDERS/DRUG NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ondansetron</td>
<td>☐ 16 mg</td>
<td>PO</td>
<td>30 minutes prior to each Cyclophosphamide (Days 1-3) THEN 30 minutes prior to Doxorubicin (Day 4)</td>
</tr>
<tr>
<td></td>
<td>☐ 24 mg</td>
<td>PO</td>
<td></td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose PRN anxiety</td>
</tr>
<tr>
<td>☐ Lorazepam</td>
<td>☐ 0.5 mg</td>
<td>PO</td>
<td>Every 6 hours (Days 1-4)</td>
</tr>
<tr>
<td></td>
<td>☐ 1 mg</td>
<td>PO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ 2 mg</td>
<td>PO</td>
<td></td>
</tr>
</tbody>
</table>

Do not use fosaprepitant with high dose Dexamethasone.

Do not use additional Dexamethasone with this regimen unless ordered by Oncologist.

**PRN ANTIEMETICS (FOR INPATIENT USE)**

NOTE: Number the antiemetics below in the order to be used. The nurse will select #1 as the first medication to be given and may alternate #2. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

- ____ Lorazepam 0.5-1 mg IV Every 4 hours PRN nausea/vomiting/anxiety
- ____ Promethazine 12.5-25 mg or 6.25-12.5 mg* IV Every 4 hours PRN nausea/vomiting

Outpatient Prescription(s): (for outpatients or early discharge)

* For patients greater than 65 years old

**TESTS:**
- ☐ Muga Scan
- ☐ ECG
- Other: ____________________________________________

**LABS – NOW:**
- ☐ CBC ☐ BMP ☐ CMP Other: ____________________________________________

**LABS – DAILY:**
- ☐ CBC ☐ BMP ☐ CMP Other: ____________________________________________
- ☐ Urine Output: If urine output is less than ________________ give ________________ times ________________ days
- ☐ Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
- ☐ Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Protocol #788
- ☐ For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

**MEDICATIONS:**
- ☐ Allopurinol 300 mg PO every day
- ☐ Filgrastim 300 mcg subcutaneously daily starting on Day 5
- ☐ Filgrastim 480 mcg subcutaneously daily starting on Day 5
- Other: ____________________________________________

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHARMACIST’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐