PHYSICIAN ORDERS
CHEMOTHERAPY: ETOPOSIDE + VINCristine + DOxorubicin + CYCLOPHOSPhAMIDE + PREDnisone (DOSE-ADJUSTED EPOCH)

REGIMEN/PROTOCOL: ETOPOSIDE + VINCristine + DOxorubicin + CYCLOPHOSPhAMIDE + PREDnisone (DOSE-ADJUSTED EPOCH)

PRIMARY DIAGNOSIS:

ALLERGIES/REACTIONS:

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):


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 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>
</tr>
<tr>
<td>Etoposide</td>
<td>50 mg/m²/day</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>24 hours Days 1-4</td>
</tr>
<tr>
<td></td>
<td>or ___ mg/m²/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vincristine</td>
<td>0.4 mg/m²/day</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>24 hours Days 1-4</td>
</tr>
<tr>
<td></td>
<td>(No total dose cap at 2 mg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doxorubicin</td>
<td>10 mg/m²/day</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>24 hours Days 1-4</td>
</tr>
<tr>
<td></td>
<td>or ___ mg/m²/day</td>
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</tbody>
</table>

Mix etoposide, vincristine, and doxorubicin together in 500 ml of 0.9% sodium chloride (Normal Saline) only (Incompatible in D5W)

| Cyclophosphamide               | 750 mg/m² or | X        | =               | IV    | 1 hour | Day 5 |
|                               | ___ mg/m²/day |          |                 |       |        |       |
| Prednisone                     | 60 mg/m²/day | X        | =               | PO    |        | Days 1-5 |

Dose adjustment parameters for subsequent cycles: (For Physician and Pharmacist to review)

- If nadir Absolute Neutrophil Count (ANC) at least 500 during previous 21-day cycle, increase doses of etoposide, doxorubicin, and cyclophosphamide by 20% from previous cycle
- If nadir Absolute Neutrophil Count (ANC) less than 500 not more than twice during previous 21-day cycle, use the same doses as previous cycle
- If nadir Absolute Neutrophil Count (ANC) less than 500 more than twice during previous 21-day cycle, decrease doses of etoposide, doxorubicin, and cyclophosphamide by 20% from previous cycle. Do not decrease doses of etoposide and doxorubicin to less than the original dose from Cycle 1; only cyclophosphamide may be adjusted to a dose below the original dose from Cycle 1.
- If nadir platelet count on previous cycle less than 25 (times 10³/L) during previous 21-day cycle, decrease doses of etoposide, doxorubicin, and cyclophosphamide by 20% from previous cycle. Do not decrease doses of etoposide and doxorubicin to less than the original dose from Cycle 1; only cyclophosphamide may be adjusted to a dose below the original dose from Cycle 1.

Previous cycle doses: (for Physician and Pharmacist use) Cycle

Etoposide _________ mg/m²  Cyclophosphamide _________ mg/m²  Doxorubicin _________ mg/m²

Physician initial: ________________________
PHYSICIAN ORDERS

CHEMOTHERAPY: ETOPOSIDE + VINCRISTINE + DOXORUBICIN + CYCLOPHOSPHAMIDE + PREDNISONE
(DOSE-ADJUSTED EPOCH)

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 CHEMOTHERAPY</td>
<td></td>
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<td></td>
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<tr>
<td>DURING CHEMOTHERAPY</td>
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<tr>
<td>AFTER CHEMOTHERAPY</td>
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</tbody>
</table>

4 HOURS PRIOR TO CYCLOPHOSPHAMIDE
(IF NO HYDRATION ORDERED)

0.9% sodium chloride
(Normal Saline)
500 ml/hour 4 hours

AFTER CYCLOPHOSPHAMIDE

0.9% sodium chloride
(Normal Saline)
100 ml/hour continuous

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 pre-chemo (Days 1-5)</td>
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<tr>
<td>□ 24 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 32 mg</td>
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</tr>
<tr>
<td>Lorazepam (optional)</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose PRN anxiety</td>
</tr>
<tr>
<td>□ 0.5 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 1 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 2 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 3 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 4 mg</td>
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</tbody>
</table>

Do not use additional Dexamethasone or Corticosteroids 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

Metoclopramide and Diphenhydramine

20 mg IV
12.5-25 mg IV

Promethazine

12.5-25 mg or 6.25-12.5 mg*

Every 4 hours PRN nausea/vomiting

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

* For patients greater than 65 years old

Physician initial: ___________________
Physician Orders

Chemotherapy: Etoposide + Vincristine + Doxorubicin + Cyclophosphamide + Prednisone
(Dose-Adjusted EPOCH)

Patient Information

Tests:
- □ MUGA Scan
- □ ECG
- Other: ____________________________

LabTests – Now:
- □ CBC
- □ BMP
- □ CMP
- Other: ____________________________

LabTests – Daily:
- □ CBC
- □ BMP
- □ CMP
- Other: ____________________________

LabTests:
- □ Coordinate CBC with differential to be drawn on days 10 and 14 as outpatient. Labs to be reviewed by oncologist.
- □ 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 daily
- □ Filgrastim 300 mcg subcutaneously daily starting Day 6
- □ Filgrastim 480 mcg subcutaneously daily starting Day 6
- □ Sulfamethoxazole-trimethoprim (Bactrim DS) 1 tablet PO two times a day, three times weekly

Other: ____________________________

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

Date: ___________________ Time: ________________ Pharmacist’s Signature: ____________________________

Date: ___________________ Time: ________________ Physician’s Signature: ____________________________

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