**PHYSICIAN ORDERS**

**CHEMOTHERAPY: ETOPOSIDE + IFOSFAMIDE + MESNA + CARBOPLATIN (ICE)**

**PATIENT INFORMATION**

**DATE TO BE GIVEN:**

**CYCLE:**

**REGIMEN/PROTOCOL:** ETOPOSIDE + IFOSFAMIDE + MESNA + CARBOPLATIN (ICE)

**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):**

**DATE TO BE GIVEN:**

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MD to indicate which weight to use:
- Actual
- Ideal
- Adjusted

**HEIGHT (cm):**

**ACTUAL WEIGHT (kg):**

**IDEAL WEIGHT (kg):**

**ADJUSTED WEIGHT (kg):**

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**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><strong>In order of administration:</strong></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>Etoposide</td>
<td>100 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>1 hour</td>
<td>Days 1-3</td>
</tr>
<tr>
<td>Ifosfamide</td>
<td>5,000 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>24 hours</td>
<td>Day 2</td>
</tr>
<tr>
<td>Mesna</td>
<td>5,000 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>24 hours</td>
<td>Day 2</td>
</tr>
<tr>
<td>Ifosfamide and Mesna are compatible together in 1 liter of 0.9% sodium chloride (Normal Saline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Carboplatin**

Area Under the Curve = 5

See attached worksheet

= 

**ROUTE**

**INFUSE OVER**

**DATE(S) AND FREQUENCY**

**30 minutes**

**Day 2**

**NOTE Maximum carboplatin dose limits for AUC and CrCl**

**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

**Carboplatin Dose Adjustment Parameters (Physician to complete)**

- Do not adjust as long as Creatinine Clearance remains above

  **Select ONE:**
  - 60 ml/minute
  - 50 ml/minute

- Do not increase dose with improved renal function (decreased SCr)

- Decrease dose if current calculated dose is decreased greater than 10% from the baseline dose

- Increase or decrease dose if the difference between the current calculated dose is greater than 10% from the baseline dose

- Contact MD for dose adjustments if the difference between the current calculated dose is greater than 10% from the baseline dose

**HYDRATION ORDERS**

<table>
<thead>
<tr>
<th>HYDRATION SOLUTION</th>
<th>ADDITIVES</th>
<th>RATE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEFORE CHEMOTHERAPY</strong></td>
<td>0.9% sodium chloride (Normal Saline)</td>
<td>None</td>
<td>125 ml/hour</td>
</tr>
<tr>
<td><strong>DURING CHEMOTHERAPY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AFTER CHEMOTHERAPY</strong></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: ETOPOSIDE + IFOSFAMIDE + MESNA + CARBOPLATIN (ICE)
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>Dexamethasone</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Days 1-3)</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 4)</td>
</tr>
<tr>
<td>Ondansetron</td>
<td>16 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 2)</td>
</tr>
<tr>
<td></td>
<td>24 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 2)</td>
</tr>
<tr>
<td>Fosaprepitant (optional)</td>
<td>150 mg</td>
<td>IV</td>
<td>30 minutes pre-chemo (Day 2)</td>
</tr>
<tr>
<td>Dexamethasone (with fosaprepitant)</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Days 1-2) THEN</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>PO</td>
<td>Daily (Day 3) THEN twice daily (Days 4-5)</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PRN anxiety</td>
</tr>
</tbody>
</table>

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 _______________ 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

Physician initial: ____________________________

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PHYSICIAN ORDERS
CHEMOTHERAPY: ETOPOSIDE + IFOSFAMIDE + MESNA + CARBOPLATIN (ICE)
MEDICATIONS:

- Allopurinol 300 mg PO every day
- Filgrastim 300 mcg subcutaneously daily on Days 5-12
- Filgrastim 480 mcg subcutaneously daily on Days 5-12
- Other: ___________________________ 

Chemo Sequence on Day 2: Carboplatin → Etoposide → Ifosfamide with Mesna

**Note:** [Etoposide + Ifosfamide with Mesna] and [Etoposide + Carboplatin] are compatible 
[Mesna + Carboplatin] are NOT compatible

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>
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<tbody>
<tr>
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</tbody>
</table>

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

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