

Physician Orders ADULT

Order Set: High dose Methotrexate

Diagnosis : CNS lymphoma

| | | | | | |
|---|---|---|--------------|---|--|
| Height: _____ cm | | Weight: _____ kg | | Cycle: _____ Of : _____ | |
| Actual BSA: _____ m2 | | Treatment BSA: _____ m2 | | Day/Wk: _____ Freq: _____ | |
| Allergies: | | <input type="checkbox"/> No known allergies | | | |
| <input type="checkbox"/> Medication allergy(s): _____ | | | | | |
| <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____ | | | | | |
| Patient Care | | | | | |
| <input type="checkbox"/> | Nursing Communication | T;N, Do not exceed a treatment BSA of _____ m2 | | | |
| <input type="checkbox"/> | Nursing Communication | T;N, May hold hydration during chemotherapy infusion | | | |
| <input type="checkbox"/> | Intake and Output | T;N, qshift | | | |
| Continuous Infusions | | | | | |
| Pre Hydration | | | | | |
| <input checked="" type="checkbox"/> | D5W 1/4 NS with 100 mEq sodium bicarbonate/ Liter | 1,000 mL, IV, Routine, 150 mL/hr | | | |
| Medications | | | | | |
| <input checked="" type="checkbox"/> | Sodium Bicarbonate | 50 mEq, Injection, IV Push, PRN Urine pH less than 7 | | | |
| <input checked="" type="checkbox"/> | Sterile Water 100mL with 100 mEq sodium bicarbonate | 100 mL, IV, PRN Urine pH less than 7, Start at 4 mEq/hr, titrate per urine pH Comment: Request from pharmacy | | | |
| <input checked="" type="checkbox"/> | furosemide | 20 mg, Injection, IV Push, q 8 hrs, PRN Intake greater than output by 150 mL | | | |
| Urine alkalinization | | | | | |
| 1. Do not start methotrexate infusion until urine output exceeds 100 mL/hour and urine pH is greater than 7 for two consecutive voids (or Q 30 min X two with foley) | | | | | |
| 2. If urine pH is less than 7, administer NaHCO3 50 mEq IV push | | | | | |
| 3. If urine pH is less than 7 begin the following fluid to begin after the bolus: 100 mEq of NaHCO3 in 100 mL sterile water to run at 4 mEq/hour IV. | | | | | |
| on subsequent urine pHs below : | | | | | |
| 7, administer NaHCO3 50 mEq IV push and increase drip by 2 mEq per hour | | | | | |
| keep at same rate If urine pH 8 or higher, decrease by 1 mEq per hour | | | | | |
| If urine pH 8 or higher and drip is at 1 mEq per hour, hold drip. | | | | | |
| 4. Continue monitoring urine pH during and after methotrexate infusion until methotrexate level is less than 0.01 mmol/L. | | | | | |
| CHEMOTHERAPY | | | | | |
| | Drug (generic) & solution (optional) | Intended Dose | Actual Dose | Route, Infusion, Frequency and total doses | |
| <input checked="" type="checkbox"/> | methotrexate | 3.5 g/m² | | IV Piggyback, Infuse over 4 hours, Once on DAY 1 | |
| <input checked="" type="checkbox"/> | leucovorin | 50 mg | 50 mg | IV Piggyback, Infuse over 30 min, q6h until methotrexate level is less than 0.01 mmol/L, START 12 HOURS after completion of methotrexate infusion | |
| Acute Emesis Prophylaxis (may undergo therapeutic interchange) | | | | | |
| NOTE: Administer initial doses at least 30-60 minutes prior to chemotherapy | | | | | |
| <input checked="" type="checkbox"/> | ondansetron | 12 mg, Injection, IV Piggyback, qDay, DAY 1 | | | |
| <input checked="" type="checkbox"/> | dexamethasone | 12 mg, Injection, IV Piggyback, qDay, DAY 1 | | | |
| <input checked="" type="checkbox"/> | prochlorperazine | 10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting | | | |
| <input checked="" type="checkbox"/> | prochlorperazine | 10 mg, Tab, PO, q6h, PRN Nausea/Vomiting | | | |



attach patient label here

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| Laboratory | | |
|--|------------------------|--|
| <input type="checkbox"/> | methotrexate Level | T+1; N, Routine, Blood, Comment : On completion of methotrexate infusion |
| <input type="checkbox"/> | methotrexate Level | T+2; N, Routine, Blood, qday, Comment : Until level is less than 0.01 mmol/L |
| NOTE: Collect pH urine with each void | | |
| <input type="checkbox"/> | pH Urine | T;N, Routine, once, Urine, Nurse Collect |
| NOTE: If patient has foley catheter place order below | | |
| <input type="checkbox"/> | pH Urine | T;N, Routine, q30min, for 2 occurrences ,Urine, Nurse Collect |
| <input type="checkbox"/> | pH Urine | T;N, Routine, q4h, Urine, Nurse Collect |
| Consults/Notifications | | |
| <input type="checkbox"/> | Notify Physician- Once | T;N, Who: _____, For: if BSA exceeds 2 m ² |

Date

Time

Physician's Signature

MD Number