



REVISED March 2011

ESHAP(Inpatient)			
	Protocol: Yes # No Source of Drug: Routine supply Protocol supply Other		
of Lab	os		
ver 2 h	ours, day 1 only		
	by >1 kg and request an	order fo	
s 1-5 irabin	e		
sual do			
1-4 a	dministered over 1 hou	r	
ys 1-4	ļ		

Allergies: No	
Allergies: No	□Yes #
Routine su	
Routine su	<u>5</u> :
## Additional labs needed prior to first dose chemo: ### WBC	oply
WBC	pply
2. Consent Obtained ? □ Yes □ Preprinted Consent □ See Dictated Note □ Note in Chart □ No Plan: 3. ACTIVATE ORDER SET CHEMO: ESHAP ADULT 4. Premedications: Hydration: 1000 ml NS with 25 grams of mannitol/L, infuse over 2 hours, day 1 onl Antiemetics: Weigh Patient daily. Call caregiver if weight increases by >1 kg and re Furosemide 20 mg IV. Ondansetron 24 mg po 30 min prior to chemo days 1-5 Dexamethasone 20 mg IV day 5 only, prior to Cytarabine Compazine 10 mg PO or IV if not tolerating PO 5. Chemotherapy (administer in the order written): Cycle # Dose reduction: □ No □ Yes: □ % of usual dose Methylprednisolone 500 mg IV q 24h x 4, days 1-4 infuse over 1 hour (Total dose 2000 mg) Etoposide 40 mg/m² = mg IV q 24h x 4, days 1-4 administered over (Total dose 160 mg/m²) Cisplatin 25 mg/m² = mg IV q 24h x 4, days 1-4 in 1 liter NS administered over 2 hours (Total dose 100 mg/m²) Cytarabine 2000 mg/m² = mg IV day 5 only administered over 2 hours (Total dose 2000 mg/m²) 6. Post Chemotherapy: Hydration: none	
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Antiemetics: Metoclopromide 20—30 mg po q6-8h prn or	
Ondansetron 8 mg po BID prn	
7. Subsequent Doses:	
Patient to be seen prior to each cycle by MD, orders will be written for each.	
8. Post Therapy: 1. Ciprofloxacin 500 mg po given (requires Rx)	
2. Growth Factors: G-CSFmg S.C. daily, day 7 through 21	
■ Neulasta 6 mg S.C. to be givendate	
3. CBC with plts q M-W-F. To be drawn at Fax results	to 531-5111
MD/Preparer's Signature	
MD/1 reparer s Signature	

