

**Ifosfamide, Gemcitabine and Vinorelbine (IGEV)**  
for Refractory or Relapsed Hodgkin's disease

**Contact Physician:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Cycle:** \_\_\_\_\_ **Day 1 =** \_\_\_\_\_ **Cycle 1: consent form done**

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **BSA:** \_\_\_\_\_

**Adjusted IBW:** \_\_\_\_\_ **Adjusted BSA:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Ifosfamide** (2000 mg/m<sup>2</sup>) IV over 2 hours on Day 1, 2, 3 and 4  
**MESNA** (700mg/m<sup>2</sup>) IV over 30minutes prior to, 4 hours and 8 hours  
after ifosfamide on Day 1, 2, 3 and 4 (three doses per day)  
**Gemcitabine** (800 mg/m<sup>2</sup>) IV over 30 minutes on Day 1 **AND** Day 4  
**Vinorelbine** (20 mg/m<sup>2</sup>) IV push over 5 minutes on Day 1  
**Prednisone** 100 mg PO on Day 1 to 4  
Repeat every 3 weeks (Recommended maximum of 4 cycles)

**1. Hydration:** Start Sodium Chloride 0.9% at 500 mL per hour 1/2 hour prior to ifosfamide and continue for a total of 4 hours (Total of 2 liters IV hydration per day). Upon initiation of chemotherapy, adjust IV rate to keep total IV fluids at 500 mL/hr.

**2. Prophylactic medications:**

- Allopurinol: 300mg PO daily for \_\_\_\_\_ days
- Acyclovir: 400mg PO twice daily
- TMP/Sulfa: 160/800mg 1 tablet PO twice daily every Sat/Sun
- Antifungal:
- GI prophylaxis

**3. Anti-emetics:** Moderate Emetogenic Risk(check the appropriate medications)

- Ondansetron: 24mg PO once daily on Day 1 to 4. May give IV once daily if unable to tolerate PO.
- Glucocorticoids ordered as part of chemotherapy regimen
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine: 10mg PO every 6 hours as needed for nausea

**4. Chemotherapy:**

- **Ifosfamide** ( $2000 \text{ mg/m}^2$ ) \_\_\_\_\_ mg in Sodium Chloride 0.9% 250 mL IV over 2 hours on Day 1, 2, 3 and 4 (Total of 4 doses)
- **MESNA** ( $700 \text{ mg/m}^2$ ) \_\_\_\_\_ mg in Sodium Chloride 0.9% 100 mL IV over 30 minutes first dose prior to ifosfamide then 4 hours and 8 hours after ifosfamide on Day 1, 2, 3 and 4 (3 doses per day, 15 total doses).
- **Gemcitabine** ( $800 \text{ mg/m}^2$ ) \_\_\_\_\_ mg in Sodium Chloride 0.9% 100 mL IV over 30 minutes on Day 1 \_\_\_ **AND** Day 4 \_\_\_\_ (Total of 2 doses)
- **Vinorelbine** ( $20 \text{ mg/m}^2$ ) \_\_\_\_\_ mg IV push over 5 minutes on Day 1 (Total of 1 dose)
- **Prednisone** 100 mg PO on Day 1 to 4 (Total of 4 doses)

**5. Growth Factor Support:**

- Filgrastim (Wt.  $\leq 70\text{kg}$ =300 mcg;  $>70\text{kg}$ =480 mcg) \_\_\_\_\_mcg SQ starting on Day 7 and continue daily until neutrophils count is greater than 2000 after nadir.

**6. Nursing Instructions:**

- Assess patient for somnolence, confusion, hallucinations or change in mental status on Day 2, 3, and 4 to evaluate ifosfamide-related neurotoxicity. If patient develops any of these symptoms do not administer dose and notify MD for further course of action. For signs and symptoms concerning for hemorrhagic cystitis inform MD and send urinalysis.

**Signed:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Reference:** Haematologica 2007; 92:35-41.

