

**EPOCH: Etoposide, Prednisone, Vincristine, Cyclophosphamide
Doxorubicin for NHL**

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

Cycle: _____ **Day 1=** _____ **Cycle 1: consent form done**

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

1. Labs:

2. Hydration: Sodium chloride 0.9% IV at 100 mL per hour continuously.
Once chemotherapy starts keep total IV fluid at 100 ml per hour.

3. Prophylactic Medications: (check the appropriate medications)

- Allopurinol: 300 mg PO daily for 10 days with cycle #1.
- Acyclovir: 400 mg PO twice daily
- TMP/Sulfa: 160/800mg 1 tablet PO twice daily every Sat/Sun.
- Antifungal:
- Docusate/senna: 2 tablets PO at bedtime.

4. Anti-emetics: (check the appropriate medications)

- Ondansetron 16mg PO every 12 hours, for 9 doses. May
Give IV if unable to tolerate PO.
- Lorazepam 0.5mg - 1 mg PO or IV every 4 hours, as needed for nausea
- Prochlorperazine 10mg PO every 6 hours as needed nausea.

5. **Chemotherapy:**

- **Etoposide** (50mg/m²/day) _____mg in Sodium chloride 0.9% 1000mL continuous IV infusion over 24 hours days 1-4. (total 96hour dose: 200mg/m²)
- **Vincristine** (0.4mg/m²/day) _____mg in Sodium chloride 0.9% 1000mL continuous IV infusion over 24 hours days 1-4. (total 96 hour dose 1.6 mg/m²)
- **Doxorubicin** (10mg/m²/day) _____mg in Sodium chloride 0.9% 1000mL continuous IV infusion over 24 hours days 1-4. (total 96 hour dose 40mg/m²).
- **Cyclophosphamide** (750mg/m²) _____mg in Sodium chloride 0.9% 250mL IV over 30 minutes on day 5.
- **Prednisone:** 100 mg PO daily days 1-6. Administer first dose 30-60 minutes prior to IV chemotherapy.

Pharmacist: Mix etoposide, vincristine, and doxorubicin in single Sodium chloride 0.9% 1000 mL/24 hour bag

6. **Filgrastim:** ($\leq 70\text{kg}=300\text{mcg}$, $>70\text{kg}= 480\text{mcg}$), _____ mcg
Subcutaneously daily starting day 8 _____, discontinue when neutrophil count is greater than 4000 after nadir.
7. **Discharge:** WBC, diff, Hgb, plt to be done every Monday and Thursday starting _____. If done at outside clinic, fax to (608) 266-6020.

Repeat cycle every 21 days.

Signed: _____ Pager: _____

Reference: J Clin Oncology 11(8):1573-1582, 1993. Clinical Lymphoma 1(4): 285-292, 2001. Am J Health Syst Pharm 56: 985-989.

