

## IP FOLFOXIRI / CETUXIMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOXIRI, FLUOROURACIL, LEUCOVORIN, OXALIPLATIN , IRINOTECAN , FOL, CAMPTOSAR, ADRUCIL, ELOXATIN, LUKE, FLOW, AGE, ELOC, COLORECTAL, GI

Cycle 1	Repeat 1 time	Cycle length: 14 days
<b>Day 1</b>		Perform every 1 day x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 2</b> Interval: Once                      Occurrences: -- Comments:                              Tumor KRAS gene status should be determined prior to initiation of therapy.    KRAS type: Please Push F2:115540219.		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b> Interval: Once                      Occurrences: --		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b> Interval: Once                      Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b> Interval: Once                      Occurrences: --		
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 4</b> Interval: Until discontinued                      Occurrences: -- Comments:                              HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than 3 times upper normal limit; or Serum Creatinine GREATER than 1.2		
<b>Line Flush</b>		
<b>dextrose 5% flush syringe 20 mL</b> Dose: 20 mL                      Route: intravenous                      PRN Start: S Instructions: Administer ONLY for Oxaliplatin.		
<b>sodium chloride 0.9 % flush 20 mL</b> Dose: 20 mL                      Route: intravenous                      PRN Start: S Instructions: Do NOT administer with Oxaliplatin.		
<b>Nursing Orders</b>		
<b>dextrose 5% infusion 250 mL</b> Dose: 250 mL                      Route: intravenous                      once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open for Oxaliplatin.		
<b>sodium chloride 0.9 % infusion 250 mL</b> Dose: 250 mL                      Route: intravenous                      once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. Do NOT administer with Oxaliplatin.		
<b>Pre-Medications</b>		



**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg                      Route: intravenous                      PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg                      Route: oral                                      PRN  
Start: S

**Chemotherapy**

**cetuximab (ERBITUX) 500 mg/m2 in 0 mL**

Dose: 500 mg/m2                      Route: intravenous                      once over 120 Minutes for 1 dose  
Offset: 30 Minutes

**Instructions:**

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. 1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes. Rate of infusion not to exceed 10 mg/minute (5 mL/minute).

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes

**leucovorin 200 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 200 mg/m2                      Route: intravenous                      once over 90 Minutes for 1 dose  
Offset: 2.5 Hours

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	200 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

**irinotecan (CAMPTOSAR) 165 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 165 mg/m2                      Route: intravenous                      once over 90 Minutes for 1 dose  
Offset: 4 Hours

**Instructions:**

Protect from light

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	165 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	SODIUM	QS Base	500 mL	No	Yes

CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

**OXALIPlatin (ELOXATIN) 85 mg/m2 in dextrose  
5% 500 mL chemo IVPB**

Dose: 85 mg/m2      Route: intravenous      once over 2 Hours for 1 dose  
Offset: 5.5 Hours

**Instructions:**

Irritant - avoid extravasation. Flush line with  
D5W before and after oxaliplatin infusion.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	OXALIPLATIN 100 MG/20 ML INTRAVENOUS SOLUTION	Medications	85 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

**fluorouracil (ADRUCIL) 1,600 mg/m2 in sodium  
chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,600 mg/m2      Route: intravenous      once over 23 Hours for 1 dose  
Offset: 7.5 Hours

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,600 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: Until  
discontinued

Occurrences: --

Comments:

- Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)
1. Stop the infusion.
  2. Place the patient on continuous monitoring.
  3. Obtain vital signs.
  4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
  5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
  6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
  7. Notify the treating physician.
  8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
  9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: Until discontinued  
Comments:

Occurrences: --

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### ONC NURSING COMMUNICATION 4

Interval: Until discontinued  
Comments:

Occurrences: --

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg  
Start: S

Route: intravenous PRN

#### **fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg  
Start: S

Route: oral PRN

#### **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg  
Start: S

Route: intravenous PRN

#### **hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg      Route: intravenous      PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg      Route: intravenous      PRN  
Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**

Dose: 0.3 mg      Route: subcutaneous      PRN  
Start: S

Nursing Orders

**ONC NURSING COMMUNICATION 11**

Interval: Until discontinued      Occurrences: --

Comments: Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

**ONC NURSING COMMUNICATION 12**

Interval: Until discontinued      Occurrences: --

Comments: Assess and notify provider for persistent neuropathy (Grade 2).

Nursing Orders

**ONC NURSING COMMUNICATION 14**

Interval: Until discontinued      Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers more than 25 per cent of the body.

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN

**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units      Route: intra-catheter      once PRN  
Start: S

Instructions:  
Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

**Day 2**

Perform every 1 day x1

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose  
Start: S

Instructions:  
To keep vein open.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S      End: S 10:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2	Medications	16 mg	Yes	No

ML INJECTION SOLUTION	DEXAMETHASONE Medications	12 mg	No	No
4 MG/ML INJECTION SOLUTION	SODIUM CHLORIDE 0.9 %	Base 50 mL	Always	Yes
INTRAVENOUS SOLUTION	DEXTROSE 5 % IN WATER (D5W)	Base	No	Yes
INTRAVENOUS SOLUTION				

Chemotherapy

**fluorouracil (ADRUCIL) 1,600 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,600 mg/m2      Route: intravenous      once over 23 Hours for 1 dose

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML	Medications	1,600 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	500 mL	No	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	500 mL	Yes	Yes
	INTRAVENOUS SOLUTION				