

## IP 5FU / LEUCOVORIN (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: LEUCO , FLOUR, 5FU, FLUOROURACIL, FLOUROURACIL, LEUCOVORIN, LUECO, COLORECTAL

Cycle 1	Repeat 1 time	Cycle length: 14 days
<b>Day 1</b> <span style="float: right;">Perform every 1 day x1</span>		
<b>Labs</b>		
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>MAGNESIUM LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>LDH</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>URIC ACID LEVEL</b>	Interval: Once Occurrences: --
<b>Nursing Orders</b>		
	<b>TREATMENT CONDITIONS 4</b>	Interval: Once 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>sodium chloride 0.9 % flush 20 mL</b>	Dose: 20 mL Route: intravenous PRN Start: S
<b>Nursing Orders</b>		
	<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.
<b>Supportive Care</b>		
<input type="radio"/>	<b>LORAZepam (ATIVAN) injection 1 mg</b>	Dose: 1 mg Route: intravenous PRN Start: S
<input type="radio"/>	<b>LORAZepam (ATIVAN) tablet 1 mg</b>	Dose: 1 mg Route: oral PRN Start: S
<b>Pre-Medications</b>		
<input checked="" type="radio"/>	<b>ondansetron (ZOFTRAN) injection 8 mg</b>	Dose: 8 mg Route: intravenous once for 1 dose Start: S End: S 11:15 AM

○ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                      once for 1 dose  
Start: S

○ **ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg                      Route: intravenous                      once over 15 Minutes for 1 dose  
Start: S                      End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Chemotherapy

**leucovorin 400 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 400 mg/m2                      Route: intravenous                      once over 2 Hours for 1 dose  
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	400 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

**fluorouracil (ADRUCIL) 400 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 400 mg/m2                      Route: intravenous                      once over 15 Minutes for 1 dose  
Offset: 2.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	400 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2                      Route: intravenous                      once over 23 Hours for 1 dose  
Offset: 2.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS	Medications	1,200 mg/m2	Main Ingredient	Yes

SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
SOLUTION 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  
Comments:

Occurrences: --

- 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 O2 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 O2 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 O2 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                      Route: intravenous                      PRN  
Start: S

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg                      Route: oral                      PRN  
Start: S

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

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

**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

**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.

**Supportive Care**

**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

**Pre-Medications**

**ondansetron (ZOFTRAN) injection 8 mg**

Dose: 8 mg                      Route: intravenous                      once for 1 dose  
 Start: S                              End: S 11:15 AM

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                              once for 1 dose  
 Start: S

**ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

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Chemotherapy

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

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	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