

IP APLASTIC ANEMIA - ATG/CSA

Types: ONCOLOGY TREATMENT
Synonyms: ATGAM, ANTITHYMOCYTE GLOBULIN

Cycle 1	Repeat 1 time	Cycle length: 14 days																								
Day 1	Perform every 1 day x1																									
Medications																										
<p>antithymocyte globulin (atg) (horse) test dose (ATGAM) intradermal injection 0.1 mL Dose: 0.1 mL Route: intradermal once for 1 dose Start: S End: S Instructions: Give test dose 0.1mL (0.005mg) intradermally before Antithymocyte globulin dose.</p>																										
Nursing Orders																										
<p>NURSING COMMUNICATION - DO NOT USE IN ORDER SETS Interval: Once Occurrences: -- Comments: Wait for an hour after Atgam test dose and call MD for a positive skin reaction (a positive reaction consists of a GREATER THAN or EQUAL TO 3 mm in diameter larger than the saline control with the intradermal test).</p>																										
Pre-Medications																										
<p><input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg Dose: 650 mg Route: oral once for 1 dose Start: S Instructions: Administer 30 minutes prior to Atgam</p>																										
<p><input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg Dose: 25 mg Route: intravenous once for 1 dose Start: S Instructions: Administer 30 minutes prior to Atgam</p>																										
Pre-Medications																										
<p>methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 1 mg/kg (Treatment Plan) Dose: 1 mg/kg Route: intravenous once for 1 dose Offset: 1 Hours Instructions: Administer 1 hour PRIOR to Atgam</p>																										
Medications																										
<p>antithymocyte globulin (atg) (horse) (ATGAM) 40 mg/kg in sodium chloride 0.9 % 500 mL IVPB Dose: 40 mg/kg Route: intravenous once over 4 Hours for 1 dose Offset: 2 Hours</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ingredients:</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Dose</th> <th style="text-align: left;">Selected</th> <th style="text-align: left;">Adds Vol.</th> </tr> </thead> <tbody> <tr> <td></td> <td>LYMPHOCYTE,ANT</td> <td>Medications</td> <td>40 mg/kg</td> <td>Main</td> <td>No</td> </tr> <tr> <td></td> <td>I-THYMO IMMUNE GLOBULIN 50 MG/ML</td> <td></td> <td></td> <td>Ingredient</td> <td></td> </tr> <tr> <td></td> <td>INTRAVENOUS</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Ingredients:	Name	Type	Dose	Selected	Adds Vol.		LYMPHOCYTE,ANT	Medications	40 mg/kg	Main	No		I-THYMO IMMUNE GLOBULIN 50 MG/ML			Ingredient			INTRAVENOUS				
Ingredients:	Name	Type	Dose	Selected	Adds Vol.																					
	LYMPHOCYTE,ANT	Medications	40 mg/kg	Main	No																					
	I-THYMO IMMUNE GLOBULIN 50 MG/ML			Ingredient																						
	INTRAVENOUS																									

SOLUTION
SODIUM Base 500 mL Always Yes
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

cycloSPORINE modified (NEORAL) capsule 6 mg/kg (Treatment Plan)

Dose: 6 mg/kg Route: oral 2 times daily at 0600, 1800 (time critical)
Offset: 0 Hours

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

Occurrences: --

Comments:

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

Occurrences: --

Comments:

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

Days 2,3

Perform every 1 day x2

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
Start: S
Instructions:
Administer 30 minutes prior to Atgam

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Administer 30 minutes prior to Atgam

Pre-Medications

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 1 mg/kg (Treatment

Plan)

Dose: 1 mg/kg Route: intravenous once for 1 dose

Instructions:

Administer 1 hour PRIOR to Atgam

Medications

antithymocyte globulin (atg) (horse) (ATGAM)**40 mg/kg in sodium chloride 0.9 % 500 mL****IVPB**Dose: 40 mg/kg Route: intravenous once over 4 Hours for 1 dose
Offset: 1 Hours**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**

LYMPHOCYTE,ANT	Medications	40 mg/kg	Main	No
I-THYMO IMMUNE			Ingredient	
GLOBALIN 50				
MG/ML				
INTRAVENOUS				
SOLUTION				
SODIUM	Base	500 mL	Always	Yes
CHLORIDE 0.9 %				
INTRAVENOUS				
SOLUTION				

Day 4

Perform every 1 day x1

Labs

CYCLOSPORINE LEVEL, RANDOM

Interval: AM draw Occurrences: --

Pre-Medications

 acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to Atgam

 diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to Atgam

Pre-Medications

methylPREDNISolone sodium succinate (Solu-MEDROL) injection 1 mg/kg (Treatment Plan)

Dose: 1 mg/kg Route: intravenous once for 1 dose

Instructions:

Administer 1 hour PRIOR to Atgam

Medications

antithymocyte globulin (atg) (horse) (ATGAM)**40 mg/kg in sodium chloride 0.9 % 500 mL****IVPB**Dose: 40 mg/kg Route: intravenous once over 4 Hours for 1 dose
Offset: 1 Hours**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**

LYMPHOCYTE,ANT	Medications	40 mg/kg	Main	No
I-THYMO IMMUNE			Ingredient	
GLOBALIN 50				
MG/ML				
INTRAVENOUS				

SOLUTION
SODIUM CHLORIDE 0.9 %
INTRAVENOUS SOLUTION

Base 500 mL Always Yes

Day 5

Perform every 1 day x1

Medications

predniSONE (DELTASONE) tablet 40 mg

Dose: 40 mg

Route: oral

daily

Offset: 0 Hours