

IP BLINATUMOMAB

Types: ONCOLOGY TREATMENT

Synonyms: ALL, ACUTE , LYMPHO, LEUKEMIA, BLINCYTO, BLIN, BLINA, BLENA, BLINATUMOMAB

Cycle 1	Repeat 1 time	Cycle length: 42 days
Day 1 Perform every 1 day x1		
Provider Communication		
ONC PROVIDER COMMUNICATION 5 Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.		
Labs		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL Interval: Once Occurrences: --		
<input type="checkbox"/> LDH Interval: Once Occurrences: --		
<input type="checkbox"/> URIC ACID LEVEL Interval: Once Occurrences: --		
Nursing Orders		
ONC DO NOT FLUSH INFUSION LINE Interval: -- Occurrences: -- Comments: DO NOT FLUSH INFUSION LINE, particularly when changing infusion bags or at completion of infusion; may result in overdose and complications.		
Nursing Orders		
ONC NURSING COMMUNICATION 108 Interval: Until discontinued Occurrences: -- Comments: Check for blood return prior to start of Blinatumomab infusion. Do not check for blood return during infusion.		
Pre-Medications		
<input checked="" type="radio"/> ondansetron (ZOFRAN) tablet 8 mg Dose: 8 mg Route: oral once for 1 dose Start: S		
<input type="radio"/> ondansetron (ZOFRAN) IV 8 mg Dose: 8 mg Route: intravenous once for 1 dose Start: S		
Pre-Medications		
dexamethasone (DECADRON) 20 mg in sodium chloride 0.9 % IVPB		

Dose: 20 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	20 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

blinatumomab 9 mcg in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 9 mcg Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Administer as a continuous infusion on days 1 to 7.
Infusion rate of 10 mL/hour for a duration of 24 hours. Total to be infused = 240 mL.
Use low protein-binding 0.2 micron in-line filter.
Pharmacy to prime line with medication during preparation.
Do NOT flush the infusion line, especially when changing infusion bags; flushing when changing bags or at the completion of the infusion can result in an excess dosage.
There will be some solution left in the bag and/or IV tubing; dispose of unused solution in the IV bag and IV lines at the end of the infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLINATUMOMAB 35 MCG INTRAVENOUS KIT	Medications	9 mcg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 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 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

Days 2,3,4,5,6,7

Perform every 1 day x6

Nursing Orders

ONC DO NOT FLUSH INFUSION LINE

Interval: -- Occurrences: --
Comments: DO NOT FLUSH INFUSION LINE, particularly when changing infusion bags or at completion of infusion; may result in overdose and complications.

Pre-Medications

ondansetron (ZOFRAN) tablet 8 mg

Dose: 8 mg Route: oral once for 1 dose
Start: S

ondansetron (ZOFRAN) IV 8 mg

Dose: 8 mg Route: intravenous once for 1 dose
Start: S

Chemotherapy

blinatumomab 9 mcg in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 9 mcg Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Administer as a continuous infusion on days 1 to 7.
Infusion rate of 10 mL/hour for a duration of 24 hours. Total to be infused = 240 mL.
Use low protein-binding 0.2 micron in-line filter.
Pharmacy to prime line with medication during preparation.
Do NOT flush the infusion line, especially when changing infusion bags; flushing when changing bags or at the completion of the infusion can result in an excess dosage.
There will be some solution left in the bag and/or IV tubing; dispose of unused solution in the IV bag and IV lines at the end of the infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLINATUMOMAB 35 MCG	Medications	9 mcg	Main Ingredient	Yes
	INTRAVENOUS KIT SODIUM	Base	250 mL	Yes	Yes

CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

Day 8

Perform every 1 day x1

Nursing Orders

ONC DO NOT FLUSH INFUSION LINE

Interval: --

Occurrences: --

Comments:

DO NOT FLUSH INFUSION LINE, particularly when changing infusion bags or at completion of infusion; may result in overdose and complications.

Pre-Medications

ondansetron (ZOFTRAN) tablet 8 mg

Dose: 8 mg

Route: oral

once for 1 dose

Start: S

ondansetron (ZOFTRAN) IV 8 mg

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

Pre-Medications

dexamethasone (DECADRON) 20 mg in sodium chloride 0.9 % IVPB

Dose: 20 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DEXAMETHASONE

Medications

20 mg

Main

Yes

4 MG/ML

Ingredient

INJECTION

SOLUTION

SODIUM

Base

50 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN

Base

50 mL

No

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

Chemotherapy

blinatumomab 28 mcg in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 28 mcg

Route: intravenous

once over 24 Hours for 1 dose

Offset: 60 Minutes

Instructions:

Administer as a continuous infusion on days 8 to 28.

Infusion rate of 10 mL/hour for a duration of 24 hours. Total to be infused = 240 mL.

Use low protein-binding 0.2 micron in-line filter. Pharmacy to prime line with medication during preparation.

Do NOT flush the infusion line, especially when changing infusion bags; flushing when changing bags or at the completion of the infusion can result in an excess dosage.

There will be some solution left in the bag and/or IV tubing; dispose of unused solution in the IV bag and IV lines at the end of the infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLINATUMOMAB 35 MCG INTRAVENOUS KIT	Medications	28 mcg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 mL	Yes	Yes

Days 9,10,11,12,13,....,28

Perform every 1 day x20

Nursing Orders

ONC DO NOT FLUSH INFUSION LINE

Interval: --

Occurrences: --

Comments:

DO NOT FLUSH INFUSION LINE, particularly when changing infusion bags or at completion of infusion; may result in overdose and complications.

Pre-Medications

ondansetron (ZOFRAN) tablet 8 mg

Dose: 8 mg

Route: oral

once for 1 dose

Start: S

ondansetron (ZOFRAN) IV 8 mg

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

Chemotherapy

blinatumomab 28 mcg in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 28 mcg

Route: intravenous

once over 24 Hours for 1 dose

Offset: 60 Minutes

Instructions:

Administer as a continuous infusion on days 8 to 28.

Infusion rate of 10 mL/hour for a duration of 24 hours. Total to be infused = 240 mL.

Use low protein-binding 0.2 micron in-line filter. Pharmacy to prime line with medication during preparation.

Do NOT flush the infusion line, especially when changing infusion bags; flushing when changing bags or at the completion of the infusion can result in an excess dosage.

There will be some solution left in the bag and/or IV tubing; dispose of unused solution in the IV bag and IV lines at the end of the infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLINATUMOMAB 35 MCG INTRAVENOUS KIT	Medications	28 mcg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 mL	Yes	Yes

Cycle 2-5

Repeat 1 time

Cycle length: 28 days

Day 1

Perform every 1 day x1

Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: Once Occurrences: --
 Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

Nursing Orders

ONC DO NOT FLUSH INFUSION LINE

Interval: -- Occurrences: --
 Comments: DO NOT FLUSH INFUSION LINE, particularly when changing infusion bags or at completion of infusion; may result in overdose and complications.

Nursing Orders

ONC NURSING COMMUNICATION 108

Interval: Until discontinued Occurrences: --
 Comments: Check for blood return prior to start of Blinatumomab infusion. Do not check for blood return during infusion.

Pre-Medications

ondansetron (ZOFRAN) tablet 8 mg

Dose: 8 mg Route: oral once for 1 dose
 Start: S

ondansetron (ZOFRAN) IV 8 mg

Dose: 8 mg Route: intravenous once for 1 dose
 Start: S

Pre-Medications

dexamethasone (DECADRON) 20 mg in sodium chloride 0.9 % IVPB

Dose: 20 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	20 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W)	Base	50 mL	No	Yes

INTRAVENOUS
SOLUTION

Chemotherapy

**blinatumomab 28 mcg in sodium chloride
(NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 28 mcg Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Administer as a continuous infusion on days 1 to 28.

Infusion rate of 10 mL/hour for a duration of 24 hours. Total to be infused = 240 mL.

Use low protein-binding 0.2 micron in-line filter. Pharmacy to prime line with medication during preparation.

Do NOT flush the infusion line, especially when changing infusion bags; flushing when changing bags or at the completion of the infusion can result in an excess dosage.

There will be some solution left in the bag and/or IV tubing; dispose of unused solution in the IV bag and IV lines at the end of the infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLINATUMOMAB 35 MCG	Medications	28 mcg	Main Ingredient	Yes
	INTRAVENOUS KIT SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 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 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 2,3,4,5,6,....,28

Perform every 1 day x27

Nursing Orders

ONC DO NOT FLUSH INFUSION LINE

Interval: -- Occurrences: --
Comments: DO NOT FLUSH INFUSION LINE, particularly when changing infusion
bags or at completion of infusion; may result in overdose and
complications.

Pre-Medications

ondansetron (ZOFRAN) tablet 8 mg

Dose: 8 mg Route: oral once for 1 dose
Start: S

ondansetron (ZOFRAN) IV 8 mg

Dose: 8 mg Route: intravenous once for 1 dose
Start: S

Chemotherapy

**blinatumomab 28 mcg in sodium chloride
(NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 28 mcg Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Administer as a continuous infusion on days 1
to 28.

Infusion rate of 10 mL/hour for a duration of 24
hours. Total to be infused = 240 mL.

Use low protein-binding 0.2 micron in-line filter.
Pharmacy to prime line with medication during
preparation.

Do NOT flush the infusion line, especially when
changing infusion bags; flushing when
changing bags or at the completion of the
infusion can result in an excess dosage.

There will be some solution left in the bag
and/or IV tubing; dispose of unused solution in
the IV bag and IV lines at the end of the
infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BLINATUMOMAB 35 MCG	Medications	28 mcg	Main Ingredient	Yes
	INTRAVENOUS KIT SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 mL	Yes	Yes