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	Repeat 1 time	Perform every 1 day x1
	vider Communication	
	Comments: Use b	ATION 5 rences: aseline weight to calculate dose. Adjust dose for weight osses of greater than or equal to 10%.
Labs	S	
	🗹 CBC WITH PLATELET AND I	IFFERENTIAL
		rences:
	COMPREHENSIVE METABO	IC PANEL
		rences:
		rences:
	_	rences:
	_	rences:
Nur	sing Orders	
	ONC DO NOT FLUSH INFUSI Interval: Occur Comments: DO N bags	ON LINE rences: DT FLUSH INFUSION LINE, particularly when changing infusion or at completion of infusion; may result in overdose and cations.
Nurs	sing Orders	
	ONC NURSING COMMUNICA Interval: Until Occur discontinued Comments: Check	TION 108 rences: for blood return prior to start of Blinatumomab infusion. Do not for blood return during infusion.
Pre-	Medications	
	ondansetron (ZOFRAN) table	t 8 mg
	Dose: 8 mg Route Start: S	oral once for 1 dose
	\odot ondansetron (ZOFRAN) IV 8	ng
	Dose: 8 mg Route Start: S	intravenous once for 1 dose
Pre-	Medications dexamethasone (DECADROI	1) 20 mg in sodium
	chloride 0.9 % IVPB	

	Dose: 20 mg	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Start: S Ingredients:	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Type Medications	Dose 20 mg		Adds Vol. Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemothe	erapy					
	blinatumomab 9 mcg i					
	(NON-PVC) 0.9 % 250 r					
	Dose: 9 mcg Instructions:	Route: intravenous	once over 24 Offset: 30 Mir		l dose	
		uous infusion on days 1				
		/hour for a duration of 24				
	hours. Total to be inf	used = 240 mL. ig 0.2 micron in-line filter.				
		e with medication during				
	preparation.					
		sion line, especially wher	ו			
	changing infusion bag changing bags or at th					
	infusion can result in a					
	There will be some so					
	the IV bag and IV lines	ose of unused solution in				
	infusion.					
	Ingredients:	Name	Туре	Dose		Adds Vol.
		BLINATUMOMAB 35 MCG INTRAVENOUS KIT	Medications	9 mcg	Main Ingredient	Yes
		SODIUM	Base	250 mL	Yes	Yes
		CHLORIDE 0.9 % IV	/			
		SOLP (EXCEL;NON-PVC)				
Hematolo	gy & Oncology Hypersen		n Order			
i lematolog	ONC NURSING COMM					
	Interval: Until discontinued	Occurrences:				
	Comments:	Grade 1 - MILD Sympton				
		only – itching, flushing, p 1. Stop the infusion.		ilia, lasii, c		se)
		2. Place the patient on c	ontinuous mo	nitoring.		
		3. Obtain vital signs.				h
		4. Administer Normal Sa intravenous tubing.	aline at 50 mL	per nour us	sing a new	bag and new
		5. If greater than or equa	al to 30 minute	s since the	e last dose	of
		Diphenhydramine, admi				
		once. 6 If loss than 30 minute	e einee the lee	t doco of F	inhonhudr	amino
		6. If less than 30 minute administer Fexofenadine				
		intravenous once.	3 -			Ŭ

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:

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.

Occurrences: --

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 Occurrences: --

Interval: Until discontinued

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 ma	(BENADRYL) injection 2	5
Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALL	.EGRA) tablet 180 mg	
Dose: 180 mg Start: S	Route: oral	PRN

	mg	0 mg/2 mL injection 20				
	Dose: 20 mg Start: S	Route: intravenous	PRN			
	hydrocortisone sodiur (Solu-CORTEF) injecti					
	Dose: 100 mg	Route: intravenous	PRN			
	dexamethasone (DEC) Dose: 4 mg	ADRON) injection 4 mg Route: intravenous	PRN			
	Start: S					
	injection syringe 0.3 m					
	Dose: 0.3 mg Start: S	Route: subcutaneous	PRN			
Days 2,3,4,5,6 Nursing (Perform e	every 1 day x6
Nursing	ONC DO NOT FLUSH	INFUSION LINE				
	Interval: Comments:	Occurrences: DO NOT FLUSH INFUS bags or at completion of complications.				
Pre-Medi	cations					
	ondansetron (ZOFRAN	N) tablet 8 mg				
	Dose: 8 mg	Route: oral	once for 1 do	60		
	Start: S					
С	ondansetron (ZOFRAM	N) IV 8 mg				
	Dose: 8 mg Start: S	Route: intravenous	once for 1 do	se		
Chemoth						
	blinatumomab 9 mcg i (NON-PVC) 0.9 % 250					
	. ,	Route: intravenous	once over 24 Offset: 30 Mi		1 dose	
	Instructions:	auque infusion on dave 1				
	to 7.	nuous infusion on days 1				
	Infusion rate of 10 mL hours. Total to be in	/hour for a duration of 24 fused = 240 mL.				
	Use low protein-bindir	ng 0.2 micron in-line filter				
	preparation.	e with medication during				
	Do NOT flush the infu changing infusion bag	ision line, especially when	1			
	changing bags or at th	he completion of the				
	infusion can result in a There will be some so					
		ose of unused solution in				
	infusion.					
	Ingredients:	Name BLINATUMOMAB 35 MCG	Type Medications	Dose 9 mcg	Selected Main Ingredient	Adds Vol. Yes
		INTRAVENOUS KIT SODIUM	Base	250 mL	Yes	Yes
		CODICINI	2400	LOUTIL	100	

			CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	1			
Day 8	Jursin	ng Orders				Perform e	very 1 day x1
		ONC DO NOT FLUSH I Interval: Comments:	NFUSION LINE Occurrences: DO NOT FLUSH INFUS bags or at completion of complications.				
P	Pre-N	ledications					
		ondansetron (ZOFRAN)	I) tablet 8 mg				
		Dose: 8 mg Start: S	Route: oral	once for 1 do	se		
		○ ondansetron (ZOFRAN	l) IV 8 mg				
		Dose: 8 mg Start: S	Route: intravenous	once for 1 do	se		
P	Pre-N	ledications	ADRON) 20 mg in sodiu	m			
		chloride 0.9 % IVPB Dose: 20 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
		Ingredients:	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION		5	Main Ingredient	
			SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base Base	50 mL 50 mL	Yes No	Yes Yes
c	Chem	otherapy					
		to 28. Infusion rate of 10 mL hours. Total to be inf Use low protein-bindir Pharmacy to prime lin preparation.	mL chemo IVPB Route: intravenous nuous infusion on days 8 /hour for a duration of 24 fused = 240 mL. ng 0.2 micron in-line filter. ie with medication during sion line, especially wher is; flushing when he completion of the an excess dosage.			1 dose	
		and/or IV tubing; dispo the IV bag and IV line infusion.	ose of unused solution in s at the end of the				

		Ingredients:	Name BLINATUMOMAB 35 MCG INTRAVENOUS KIT SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	Dose 28 mcg 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes Yes
		1,12,13,,28				Perform ev	ery 1 day x20
	Nursin	g Orders ONC DO NOT FLUSH					
		Interval: Comments:	Occurrences: DO NOT FLUSH INFUS bags or at completion of complications.				
	Pre-M	edications					
		ondansetron (ZOFRA)	N) tablet 8 mg				
		Dose: 8 mg Start: S	Route: oral	once for 1 do	se		
		○ ondansetron (ZOFRA	N) IV 8 mg				
		Dose: 8 mg Start: S	Route: intravenous	once for 1 do	se		
		to 28. Infusion rate of 10 m hours. Total to be in Use low protein-bind Pharmacy to prime li preparation. Do NOT flush the inf changing infusion ba changing bags or at infusion can result in There will be some s and/or IV tubing; disp the IV bag and IV lin- infusion.	mL chemo IVPB Route: intravenous inuous infusion on days 8 L/hour for a duration of 24 hfused = 240 mL. ing 0.2 micron in-line filter. ine with medication during usion line, especially when the completion of the an excess dosage. solution left in the bag pose of unused solution in			1 dose	
		Ingredients:	Name BLINATUMOMAB 35 MCG INTRAVENOUS KIT SODIUM	Base	Dose 28 mcg 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes Yes
			CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)				
e 2-5		Repeat 1	time	Cycle length	: 28 days	Derf	
Day 1		er Communication ONC PROVIDER COM				Perform e	very 1 day x

	Interval: Once	Occurrences:				
	Comments:	Use baseline weight to gains/losses of greate			lose for wei	ght
Labs						
	☑ CBC WITH PLATEL	ET AND DIFFERENTIAL				
	Interval: Once	Occurrences:				
		METABOLIC PANEL				
	Interval: Once	Occurrences:				
	☑ MAGNESIUM LEVE	L				
	Interval: Once	Occurrences:				
	Interval: Once	Occurrences:				
	URIC ACID LEVEL					
	Interval: Once	Occurrences:				
Nursir	ng Orders ONC DO NOT FLUS Interval: Comments:	SH INFUSION LINE Occurrences: DO NOT FLUSH INFL bags or at completion complications.				
Nursir	ng Orders					
	ONC NURSING COI Interval: Until	MMUNICATION 108 Occurrences:				
	discontinued	Occurrences				
	Comments:	Check for blood return check for blood return			omab infusi	on. Do not
Pre-N	ledications					
	ondansetron (ZOFF)	AN) tablet 8 mg				
		, 3				
	Dose: 8 mg Start: S	Route: oral	once for 1 do	se		
		Route: oral	once for 1 do	se		
	Start: S	Route: oral	once for 1 do once for 1 do			
Pre-M	Start: S O ondansetron (ZOFF Dose: 8 mg Start: S Iedications	Route: oral RAN) IV 8 mg Route: intravenous	once for 1 do			
Pre-M	Start: S O ondansetron (ZOFF Dose: 8 mg Start: S ledications dexamethasone (DI	Route: oral RAN) IV 8 mg Route: intravenous ECADRON) 20 mg in sod	once for 1 do			
Pre-M	Start: S O ondansetron (ZOFF Dose: 8 mg Start: S Iedications	Route: oral RAN) IV 8 mg Route: intravenous ECADRON) 20 mg in sod	once for 1 do	se	for 1 dose	
Pre-N	Start: S O ondansetron (ZOFF Dose: 8 mg Start: S Medications dexamethasone (DI chloride 0.9 % IVPE Dose: 20 mg	Route: oral RAN) IV 8 mg Route: intravenous ECADRON) 20 mg in sod Route: intravenous Name DEXAMETHASON 4 MG/ML INJECTION SOLUTION	once for 1 do ium once over 15 Type IE Medications	se Minutes Dose 20 mg	Selected Main Ingredier	
Pre-N	Start: S ondansetron (ZOFF Dose: 8 mg Start: S Medications dexamethasone (DI chloride 0.9 % IVPE Dose: 20 mg Start: S	Route: oral RAN) IV 8 mg Route: intravenous ECADRON) 20 mg in sod Route: intravenous Name DEXAMETHASON 4 MG/ML INJECTION	once for 1 do ium once over 15 Type IE Medications Base	se Minutes Dose	Selected Main	Yes

		INTRAVENOUS SOLUTION
Chem	otherapy	
		cg in sodium chloride 0 mL chemo IVPB
	Dose: 28 mcg	Route: intravenous once over 24 Hours for 1 dose Offset: 30 Minutes
	to 28. Infusion rate of 10 r hours. Total to be Use low protein-bin Pharmacy to prime preparation. Do NOT flush the ir changing infusion b changing bags or a infusion can result i There will be some and/or IV tubing; dis	nt/hour for a duration of 24 infused = 240 mL. ding 0.2 micron in-line filter. line with medication during fusion line, especially when ags; flushing when t the completion of the n an excess dosage. solution left in the bag spose of unused solution in nes at the end of the Name BLINATUMOMAB 35 MCG INTRAVENOUS KIT
		SODIUM Base 250 mL Yes Yes CHLORIDE 0.9 % IV SOLP
Llamai		(EXCEL;NON-PVC)
Hema	ONC NURSING COM	ensitivity Reaction Standing Order IMUNICATION 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 COM Interval: Until discontinued Comments:	IMUNICATION 83 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

ONC NURSING COMM					
Interval: Until	Occurrences:				
discontinued					
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. 				
		very 15 minutes until resolution of symptoms or			
diphenhydrAMINE (B mg	ENADRYL) injection 25				
Dose: 25 mg Start: S	Route: intravenous	PRN			
fexofenadine (ALLEG	, .				
Dose: 180 mg Start: S	Route: oral	PRN			
mg	20 mg/2 mL injection 20				
Dose: 20 mg Start: S	Route: intravenous	PRN			
hydrocortisone sodiu (Solu-CORTEF) inject	ion 100 mg				
Dose: 100 mg	Route: intravenous	PRN			
dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN			

		ALIN) 1 mg/10 mL ADUL	.т			
	injection syringe 0.3 r Dose: 0.3 mg Start: S	Route: subcutaneous	PRN			
Days 2,3,4	,5,6,,28				Perform ev	ery 1 day x27
Nursi	ng Orders					
	ONC DO NOT FLUSH Interval: Comments:	Occurrences: DO NOT FLUSH INFUS bags or at completion of complications.				
Pre-N	ledications					
	ondansetron (ZOFRA)	N) tablet 8 mg				
	Dose: 8 mg Start: S	Route: oral	once for 1 do	se		
	○ ondansetron (ZOFRA	N) IV 8 mg				
	Dose: 8 mg Start: S	Route: intravenous	once for 1 do	se		
Chen	notherapy					
	blinatumomab 28 mcg (NON-PVC) 0.9 % 250 Dose: 28 mcg Instructions:		once over 24 Offset: 30 Min		1 dose	
	to 28. Infusion rate of 10 ml hours. Total to be ir Use low protein-bindi Pharmacy to prime lin preparation.	L/hour for a duration of 24 Ifused = 240 mL. Ing 0.2 micron in-line filter ne with medication during				
	changing infusion bay changing bags or at t infusion can result in There will be some s and/or IV tubing; disp the IV bag and IV line	he completion of the an excess dosage. olution left in the bag bose of unused solution in				
	infusion. Ingredients:	Name BLINATUMOMAB 35 MCG INTRAVENOUS KIT SODIUM	Type Medications Base	Dose 28 mcg 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes Yes
		CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)				