IP BORTEZOMIB / DEXAMETHASONE / CYCLOPHOSHAMIDE

Types: ONCOLOGY TREATMENT

Synonyms: MM, MULTIPLE, MYELOMA, CYCLO, CYTOX, BORTEZ, VEL, VAL, DEX, DEC, CYBO, NEO, MODIFIED

Cycle 1		Repeat 1	time	Cycle length: 28 days	
Day 1	Drovido	r Communication		Perfo	orm every 1 day x1
, i i i i i i i i i i i i i i i i i i i	rovide	r Communication ONC PROVIDER COM	IMUNICATION 5		
		Interval: Once	Occurrences:		
		Comments:		o calculate dose. Adjust dose for	^r weight
			gains/losses of greate	r than or equal to 10%.	
L	_abs				
			AND DIFFERENTIAL		
	_	Interval: Once	Occurrences:		
			ETABOLIC PANEL		
		Interval: Once	Occurrences:		
		—			
	-	Interval: Once	Occurrences:		
	_	Interval: Once	Occurrences:		
		URIC ACID LEVEL			
		Interval: Once	Occurrences:		
Γ	Nursing	Orders			
	Ū	TREATMENT CONDIT			
		Interval: Once	Occurrences:	ider if ANC I ESS then 1000; Die	talata I ECC than
		Comments:	100,000.	ider if ANC LESS than 1000; Pla	
			100,0001		
٦	Nursing	Orders			
		ONC NURSING COM			
		Interval: Once Comments:	Occurrences:	d notify provider if Hgb is LESS t	han ar aqual to ***
		Comments.	g/dL.	a notify provider if Hgb is LESS t	nan or equal to
			0		
١	Vitals				
		ONC NURSING COM			
		Interval: Once Comments:	Occurrences: 1) Check vital signs (F	3P, temperature, pulse, and resp	irations) prior to
		ooninents.		Bortezomib administration.	
				inutes after Bortezomib infusion,	
			SU IIIIIIIIIIIII, OF II SYSTOI	c BP is less than 90, please cont	
	_ine Flu	ish			
		sodium chloride 0.9 %	6 flush 20 mL		
		Dose: 20 mL	Route: intravenous	PRN	
		Start: S			
Ν	Nursing	Orders	infusion 050 ml		
		sodium chloride 0.9 %	o Infusion 250 ML		

	Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
Pre-H	ydration					
	sodium chloride 0.9 % Dose: 500 mL	Infusion 500 mL Route: intravenous	once @ 250 r	mL/hr for 1	dose	
Pre-M	ledications					
	ondansetron (ZOFRAN)	I) injection 8 mg				
	Dose: 8 mg Start: S	Route: intravenous	once for 1 do	se		
	○ ondansetron (ZOFRAN	I) tablet 16 mg				
	Dose: 16 mg Start: S	Route: oral	once for 1 do	se		
		I) 16 mg in dextrose 5%)			
	✓ 50 mL IVPB Dose: 16 mg	Route: intravenous	once over 15	Minutos fo	r 1 doco	
	Start: S	End: S		windles to	1 1 0056	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Yes	Adds Vol. No
		DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications		No	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
Pre-N	ledications					
	dexamethasone (DECA Dose: 40 mg	ADRON) tablet 40 mg Route: oral	once for 1 do	se		
Chem	otherapy					
	bortezomib (VelCADE) chloride 0.9 % chemo i Dose: 1.3 mg/m2		once for 1 do Offset: 30 Mir			
		NT. Administer drug ing upon administration.				
	Ingredients:	Name BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION	Type Medications	Dose 1.3 mg/m2	Selected Main Ingredient	Adds Vol. No
		SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	Yes

Che	motherapy						
	 cyclophosphamide (C' sodium chloride 0.9 % 	YTOXAN) 300 mg/m2 in 250 mL chemo IVPB					
	Dose: 300 mg/m2	Route: intravenous	once over 60 Offset: 2 Hou		or 1 dose		
		NT. Observe carefully tion or infiltration. Apply					
	Ingredients:	Name CYCLOPHOSPHAM IDE 1 GRAM INTRAVENOUS SOLUTION	Type Medications	Dose 300 mg/m2	Selected Main Ingredient	Adds Vol. Yes	
		SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	250 mL	Yes	Yes	
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes	
	cvclophosphamide (C)	YTOXAN) chemo capsu	le				
	^O 300 mg/m2 (Treatment						
	Dose: 300 mg/m2 Start: S	Route: oral	once for 1 do	se			
Hem	atology & Oncology Hypersen) Order				
	ONC NURSING COMM						
	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.					
		 Notify the treating physician. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe). Assess vital signs every 15 minutes until resolution of symptoms or 					
		otherwise ordered by co					
	ONC NURSING COMM Interval: Until	MUNICATION 83 Occurrences:					
	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. 2. Notify the CERT team and treating physician immediately. 3. Place the patient on continuous monitoring. 					
		4. Obtain vital signs.					

		maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti to Hydrocortisone, pleas intravenous), Fexofenad intravenous once. 8. If no improvement after (Severe).	2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. Aline at 150 mL per hour using a new bag and sone 100 mg intravenous (if patient has allergy be administer Dexamethasone 4 mg line 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or vering physician.
	ONC NURSING COMM Interval: Until discontinued	UNICATION 4 Occurrences:	
	Comments:	compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less that less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrin	a and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new s tubing. sone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once. he (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
	diphenhydrAMINE (BE	NADRYL) injection 25	
	mg Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
	famotidine (PEPCID) 2 mg Dose: 20 mg Start: S	0 mg/2 mL injection 20 Route: intravenous	PRN
	hydrocortisone sodiur (Solu-CORTEF) injecti Dose: 100 mg		PRN
	Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL ng Route: subcutaneous	. T PRN
Dis	scharge Nursing Orders		

	🔽 sodium chloride 0.9 %	flush 20 mL			
	Dose: 20 mL	Route: intravenous	PRN		
	☑ HEParin, porcine (PF)	-	DDN		
	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.	Route: intra-catheter nits/mL. Heparin flush for ccess Device	once PRN		
Day 4					Perform every 1 day x1
Vitals	ONC NURSING COMM				
	Interval: Once Comments:	Occurrences: 1) Check vital signs (BF and 30 minutes after Bo			
		2) If systolic BP, 30 min 30 mmHg, or if systolic			
Pre-M	edications				
	dexamethasone (DEC Dose: 40 mg	ADRON) tablet 40 mg Route: oral	once for 1 do	se	
Chem	otherapy				
	bortezomib (VelCADE chloride 0.9 % chemo Dose: 1.3 mg/m2 Instructions: DRUG IS AN IRRITA	Route: subcutaneous	once for 1 do Offset: 30 Mir		
		ning upon administration. Name BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION SODIUM CHLORIDE 0.9 %	Туре	Dose 1.3 mg/m2	Selected Adds Vol. Main No Ingredient Always Yes
		INJECTION SOLUTION			
Day 8 Labs					Perform every 1 day x1
	CBC WITH PLATELET	AND DIFFERENTIAL			
	Interval: Once	Occurrences:			
		TABOLIC PANEL			
	Interval: Once	Occurrences:			
	MAGNESIUM LEVEL Interval: Once	Occurrences:			
		0			
	Interval: Once	Occurrences:			
	URIC ACID LEVEL Interval: Once	Occurrences:			
Nureir	a Orders				

	TREATMENT COND Interval: Once Comments:	ITIONS 7 Occurrences: HOLD and notify provic 100,000.	ler if ANC LES	S than 100	0; Platelets	LESS than
Nursing	Orders					
	ONC NURSING COM Interval: Once Comments:	IMUNICATION 51 Occurrences: HOLD Bortezomib and g/dL.	notify provider	if Hgb is L	ESS than o	r equal to ***
Vitals						
	ONC NURSING COM Interval: Once Comments:	IMUNICATION 50 Occurrences: 1) Check vital signs (BF and 30 minutes after Bo			d respiratio	ns) prior to
		 If systolic BP, 30 mir 30 mmHg, or if systolic 				
Nursino	Orders					
·	sodium chloride 0.9 Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 (dose	
Pre-Hyd						
	sodium chloride 0.9	% infusion 500 mL				
	Dose: 500 mL	Route: intravenous	once @ 250 i	mL/hr for 1	dose	
Pre-Me		Route: intravenous	once @ 250 i	mL/hr for 1	dose	
Pre-Me	dications		once @ 250 i	mL/hr for 1	dose	
Pre-Me			once @ 250 i	mL/hr for 1	dose	
Pre-Me	dications		once @ 250 n		dose	
	dications ondansetron (ZOFR) Dose: 8 mg	AN) injection 8 mg Route: intravenous	-		dose	
	dications ondansetron (ZOFR) Dose: 8 mg Start: S	AN) injection 8 mg Route: intravenous	-	se	dose	
	dications	AN) injection 8 mg Route: intravenous AN) tablet 16 mg	once for 1 do	se	dose	
	dications ondansetron (ZOFR) Dose: 8 mg Start: S ondansetron (ZOFR) Dose: 16 mg Start: S ondansetron (ZOFR) Start: S ondansetron (ZOFR) Dose: 16 mg Dose: 16 mg	AN) injection 8 mg Route: intravenous AN) tablet 16 mg Route: oral AN) 16 mg in dextrose 5% Route: intravenous	once for 1 do	se		
	dications ondansetron (ZOFR) Dose: 8 mg Start: S ondansetron (ZOFR) Dose: 16 mg Start: S ondansetron (ZOFR) Ondansetron (ZOFR)	AN) injection 8 mg Route: intravenous AN) tablet 16 mg Route: oral AN) 16 mg in dextrose 59 Route: intravenous End: S Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS	once for 1 do once for 1 do	se se Minutes fo Dose	or 1 dose	Adds Vol. No
	dications ondansetron (ZOFR) Dose: 8 mg Start: S ondansetron (ZOFR) Dose: 16 mg Start: S ondansetron (ZOFR) 50 mL IVPB Dose: 16 mg Start: S	AN) injection 8 mg Route: intravenous AN) tablet 16 mg Route: oral AN) 16 mg in dextrose 5% Route: intravenous End: S Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONI 4 MG/ML INJECTION	once for 1 do once for 1 do once over 15 Type Medications	se se Minutes fo Dose	or 1 dose Selected	
	dications ondansetron (ZOFR) Dose: 8 mg Start: S ondansetron (ZOFR) Dose: 16 mg Start: S ondansetron (ZOFR) 50 mL IVPB Dose: 16 mg Start: S	AN) injection 8 mg Route: intravenous AN) tablet 16 mg Route: oral AN) 16 mg in dextrose 59 Route: intravenous End: S Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONI 4 MG/ML	once for 1 do once for 1 do once over 15 Type Medications	se se Minutes fo Dose	or 1 dose Selected Yes	No

			INTRAVENOUS SOLUTION				
P	re-Me	edications					
		dexamethasone (DEC)	, ,				
		Dose: 40 mg	Route: oral	once for 1 do	se		
C	hemo	otherapy					
	nonn	bortezomib (VelCADE)					
		chloride 0.9 % chemo	•	owee for t de	~ ~		
		Dose: 1.3 mg/m2	Route: subcutaneous	once for 1 do Offset: 30 Mir			
		Instructions:					
		DRUG IS AN IRRITAI	NT. Administer drug ning upon administration.				
		Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
			BORTEZOMIB 3.5	Medications	1.3	Main	No
			MG SOLUTION FOR INJECTION		mg/m2	Ingredient	
			SODIUM	Base		Always	Yes
			CHLORIDE 0.9 % INJECTION				
			SOLUTION				
С	hemo	otherapy					
		cyclophosphamide (C sodium chloride 0.9 %	YTOXAN) 300 mg/m2 in 250 mL chemo IVPB				
		Dose: 300 mg/m2	Route: intravenous	once over 60 Offset: 2 Hou		or 1 dose	
			NT. Observe carefully tion or infiltration. Apply				
		Ingredients:	Name CYCLOPHOSPHAN IDE 1 GRAM INTRAVENOUS	Type Medications	Dose 300 mg/m2		Adds Vol. Yes
			SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	250 mL	Yes	Yes
			SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
			YTOXAN) chemo capsu	le			
		300 mg/m2 (Treatment Dose: 300 mg/m2 Start: S	t Plan) Route: oral	once for 1 do	se		
11						Perform e	very 1 day >
	itals						,, .
		ONC NURSING COMM Interval: Once Comments:	UNICATION 50 Occurrences: 1) Check vital signs (BP and 30 minutes after Bo			d respiration	ns) prior to
			2) If systolic BP, 30 minu	utes after Bort	ezomib inf	usion, drop	s more thar

Pre-	Medications					
	dexamethasone (DECA Dose: 40 mg	DRON) tablet 40 mg Route: oral	once for 1 do	se		
Che	motherapy					
	bortezomib (VelCADE) chloride 0.9 % chemo ir					
	Dose: 1.3 mg/m2	•	once for 1 do Offset: 30 Mir			
	Instructions: DRUG IS AN IRRITAN slowly to prevent burning	T. Administer drug ng upon administration.				
	Ingredients:	Name BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION	Type Medications	Dose 1.3 mg/m2		Adds Vol. No
		SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	Yes