

## IP BORTEZOMIB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: BORTEZOMIB, VELCADE, MM, BORTEZOMIB, MYELOMA, MULTIPLE, EVERY 14

Cycle 1	Repeat 1 time	Cycle length: 56 days
<b>Day 1</b>		Perform every 1 day x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 5</b> Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.		
<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 7</b> Interval: Once Occurrences: -- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.		
<b>Nursing Orders</b>		
<b>ONC NURSING COMMUNICATION 51</b> Interval: Once Occurrences: -- Comments: HOLD Bortezomib and notify provider if Hgb is LESS than or equal to *** g/dL.		
<b>Vitals</b>		
<b>ONC NURSING COMMUNICATION 50</b> Interval: Once Occurrences: -- Comments: 1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.  2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.		
<b>Chemotherapy</b>		
<b>bortezomib (VelCADE) 1.3 mg/m2 in sodium chloride 0.9 % chemo injection</b> Dose: 1.3 mg/m2 Route: subcutaneous once for 1 dose Offset: 30 Minutes  Instructions: DRUG IS AN IRRITANT. Administer drug		

slowly to prevent burning upon administration.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	BOREZOMIB 3.5 MG SOLUTION FOR INJECTION	Medications	1.3 mg/m2	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	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 15,29,43**

Perform every 14 days x3

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once                      Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Once                      Occurrences: --  
Comments:                      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Nursing Orders

**ONC NURSING COMMUNICATION 51**

Interval: Once                      Occurrences: --  
Comments:                      HOLD Bortezomib and notify provider if Hgb is LESS than or equal to \*\*\* g/dL.

Vitals

**ONC NURSING COMMUNICATION 50**

Interval: Once  
Comments:

Occurrences: --

1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.

2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.

Chemotherapy

**bortezomib (VelCADE) 1.3 mg/m2 in sodium chloride 0.9 % chemo injection**

Dose: 1.3 mg/m2      Route: subcutaneous      once for 1 dose  
Offset: 30 Minutes

Instructions:  
DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Medications  Base	1.3 mg/m2	Main Ingredient  Always	No  Yes