

## IP CARBOPLATIN DESENSITIZATION

Types: ONCOLOGY TREATMENT

Synonyms: CARBO, DESENS

|                |                                                                               |                                                                                                                                                                                |
|----------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cycle 1        | Repeat 1 time                                                                 | Cycle length: 1 day                                                                                                                                                            |
| Day 1          | Perform every 1 day x1                                                        |                                                                                                                                                                                |
| Nursing Orders | <b>ONC PROVIDER COMMUNICATION 53</b>                                          |                                                                                                                                                                                |
|                | Interval: Until discontinued                                                  | Occurrences: --                                                                                                                                                                |
|                | Comments:                                                                     | All carboplatin desensitization protocols will start at 9 am of the treatment day. Any carboplatin desensitization protocol ordered after 9am will start on the following day. |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
| Labs           | <input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>      |                                                                                                                                                                                |
|                | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                | <input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b> |                                                                                                                                                                                |
|                | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                | <input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>                    |                                                                                                                                                                                |
|                | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                | <input type="checkbox"/> <b>BASIC METABOLIC PANEL</b>                         |                                                                                                                                                                                |
| Nursing Orders | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                | <input type="checkbox"/> <b>PULMONARY FUNCTION TEST</b>                       |                                                                                                                                                                                |
|                | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                | <input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>         |                                                                                                                                                                                |
|                | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                | <input type="checkbox"/> <b>TYPE AND SCREEN</b>                               |                                                                                                                                                                                |
|                | Interval: Once                                                                | Occurrences: --                                                                                                                                                                |
| Nursing Orders | <b>TREATMENT CONDITIONS 7</b>                                                 |                                                                                                                                                                                |
|                | Interval: Until discontinued                                                  | Occurrences: --                                                                                                                                                                |
|                | Comments:                                                                     | HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.                                                                                                   |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
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|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
| Line Flush     | <b>sodium chloride 0.9 % flush 20 mL</b>                                      |                                                                                                                                                                                |
|                | Dose: 20 mL                                                                   | Route: intravenous PRN                                                                                                                                                         |
|                | Start: S                                                                      |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
| Nursing Orders | <b>sodium chloride 0.9 % infusion 250 mL</b>                                  |                                                                                                                                                                                |
|                | Dose: 250 mL                                                                  | Route: intravenous once @ 30 mL/hr for 1 dose                                                                                                                                  |
|                | Start: S                                                                      |                                                                                                                                                                                |
|                | Instructions:                                                                 | To keep vein open.                                                                                                                                                             |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
|                |                                                                               |                                                                                                                                                                                |
| Hydration      |                                                                               |                                                                                                                                                                                |

☐ (No Medication Selected)

Dose: --

Route: intravenous

continuous

Start: S

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

DEXTROSE 5 % IN

Base

1,000 mL

No

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

Provider Communication

**ONC PROVIDER COMMUNICATION 52**

Interval: Until  
discontinued

Occurrences: --

Comments:

AUC: \*\*\*

Total carboplatin dose: \*\*\*

Please manually calculate and enter in Dose 1, 2, 3, 4.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg, dexamethasone**

**(DECADRON) 20 mg in sodium chloride 0.9 %**

**50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S 9:00 AM

End: S 11:42 PM

Instructions:

Administer 30 minutes prior to FIRST

Carboplatin dose on Day 1.

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

ONDANSETRON

Medications

16 mg

Yes

No

HCL 2 MG/ML

INTRAVENOUS

SOLUTION

DEXAMETHASONE Medications

20 mg

Yes

No

4 MG/ML

INJECTION

SOLUTION

SODIUM

Base

50 mL

Yes

Yes

CHLORIDE 0.9 %  
INTRA VENOUS  
SOLUTION  
DEXTROSE 5 % IN Base 50 mL No Yes  
WATER (D5W)  
INTRA VENOUS  
SOLUTION

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose  
Start: S 9:00 AM  
Instructions:  
Administer 30 minutes prior to FIRST  
Carboplatin dose on Day 1.

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg Route: intravenous once for 1 dose  
Start: S 9:00 AM  
Instructions:  
Administer 30 minutes prior to FIRST  
Carboplatin dose on Day 1.

Chemotherapy

**CARBOplatin (PARAplatin) in dextrose 5% 150 mL chemo IVPB**

Dose: -- Route: intravenous once over 90 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
Dose 1 = 1/1000 of the total dose infused over 90 minutes.

| Ingredients: | Name                                              | Type        | Dose   | Selected        | Adds Vol. |
|--------------|---------------------------------------------------|-------------|--------|-----------------|-----------|
|              | CARBOPLATIN 10 MG/ML INTRA VENOUS SOLUTION        | Medications |        | Main Ingredient | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) INTRA VENOUS SOLUTION | QS Base     | 150 mL | Yes             | Yes       |
|              | SODIUM CHLORIDE 0.9 % INTRA VENOUS SOLUTION       | QS Base     | 150 mL | No              | Yes       |

**CARBOplatin (PARAplatin) in dextrose 5% 150 mL chemo IVPB**

Dose: -- Route: intravenous once over 90 Minutes for 1 dose  
Offset: 120 Minutes

Instructions:  
Dose 2 = 1/100 of the total dose infused over 90 minutes.

| Ingredients: | Name                                              | Type        | Dose   | Selected        | Adds Vol. |
|--------------|---------------------------------------------------|-------------|--------|-----------------|-----------|
|              | CARBOPLATIN 10 MG/ML INTRA VENOUS SOLUTION        | Medications |        | Main Ingredient | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) INTRA VENOUS SOLUTION | QS Base     | 150 mL | Yes             | Yes       |
|              | SODIUM CHLORIDE 0.9 %                             | QS Base     | 150 mL | No              | Yes       |

INTRAVENOUS  
SOLUTION

**CARBOplatin (PARAplatin) in dextrose 5% 150  
mL chemo IVPB**

Dose: -- Route: intravenous once over 90 Minutes for 1 dose  
Offset: 210 Minutes

Instructions:  
Dose 3 = 1/10 of the total dose infused over 90  
minutes.

| Ingredients: | Name                                                      | Type        | Dose   | Selected           | Adds Vol. |
|--------------|-----------------------------------------------------------|-------------|--------|--------------------|-----------|
|              | CARBOPLATIN 10<br>MG/ML<br>INTRAVENOUS<br>SOLUTION        | Medications |        | Main<br>Ingredient | Yes       |
|              | DEXTROSE 5 % IN<br>WATER (D5W)<br>INTRAVENOUS<br>SOLUTION | QS Base     | 150 mL | Yes                | Yes       |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION       | QS Base     | 150 mL | No                 | Yes       |

Nursing Orders

**ONC CARBO DESENSITIZATION AFTER DOSE  
3**

Interval: Until Occurrences: --  
discontinued  
Comments: After completion of dose 3 of carboplatin and if no hypersensitivity  
reactions noted, please call pharmacy for dose 4 to be delivered.

Pre-Medications

**diphenhydrAMINE (BENADRYL) injection 25  
mg**

Dose: 25 mg Route: intravenous once for 1 dose  
Offset: 300 Minutes

Instructions:  
Administer 30 minutes prior to LAST  
Carboplatin dose on Day 1.

**ondansetron (ZOFTRAN) 8 mg in sodium  
chloride 0.9 % 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose  
Offset: 300 Minutes

Instructions:  
Administer 30 minutes prior to LAST  
Carboplatin dose on Day 1.

| Ingredients: | Name                                                  | Type        | Dose  | Selected | Adds Vol. |
|--------------|-------------------------------------------------------|-------------|-------|----------|-----------|
|              | ONDANSETRON<br>HCL 2 MG/ML<br>INTRAVENOUS<br>SOLUTION | Medications | 8 mg  | Yes      | No        |
|              | DEXAMETHASONE<br>4 MG/ML<br>INJECTION<br>SOLUTION     | Medications | 20 mg | No       | No        |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION   | Base        | 50 mL | Yes      | Yes       |
|              | DEXTROSE 5 % IN<br>WATER (D5W)                        | Base        | 50 mL | No       | Yes       |

## INTRAVENOUS SOLUTION

### Chemotherapy

#### **CARBOplatin (PARAplatin) in dextrose 5% 250 mL chemo IVPB**

Dose: --                      Route: intravenous                      once over 6 Hours for 1 dose  
Offset: 330 Minutes

#### Instructions:

Dose 4 = Total dose minus the sum of the 3  
previous doses over 6 hours.

| Ingredients: | Name                                                      | Type        | Dose   | Selected<br>Main<br>Ingredient | Adds Vol.<br>Yes |
|--------------|-----------------------------------------------------------|-------------|--------|--------------------------------|------------------|
|              | CARBOPLATIN 10<br>MG/ML<br>INTRAVENOUS<br>SOLUTION        | Medications |        |                                |                  |
|              | DEXTROSE 5 % IN<br>WATER (D5W)<br>INTRAVENOUS<br>SOLUTION | QS Base     | 250 mL | Yes                            | Yes              |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION       | QS Base     | 250 mL | No                             | 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  
 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

#### Discharge Nursing Orders

##### ☒ **sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL                      Route: intravenous                      PRN

☒ **HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units      Route: intra-catheter      once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for  
Implanted Vascular Access Device  
maintenance.