

IP CARFILZOMIB (INITIAL CYCLE)

Types: ONCOLOGY TREATMENT

Synonyms: CARFILZOMIB, CARFLIZOMIB, MM, KYPROLIS, MEYLOMA, MULTIPLE, CYP

Cycle 1	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		
	TREATMENT CONDITIONS 7	
	Interval: Once	Occurrences: --
	Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Line Flush		
	sodium chloride 0.9 % flush 20 mL	
	Dose: 20 mL	Route: intravenous PRN
	Start: S	
Nursing Orders		
	sodium chloride 0.9 % infusion 250 mL	
	Dose: 250 mL	Route: intravenous once @ 30 mL/hr for 1 dose
	Start: S	
	Instructions:	To keep vein open.
Pre-Hydration		
	sodium chloride 0.9 % bolus 250 mL	
	Dose: 250 mL	Route: intravenous once over 60 Minutes for 1 dose
	Start: S	
Pre-Medications		
	dexamethasone (DECADRON) tablet 20 mg	
	Dose: 20 mg	Route: oral once for 1 dose
		Offset: 0 Hours
	Instructions:	Give 30 min to 4 hours prior to Carfilzomib.
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%.

Chemotherapy**carfilzomib (KYPROLIS) 20 mg/m2 in dextrose****5% 50 mL chemo IVPB**

Dose: 20 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 1 Hours

Instructions:

Flush line with 20 mL 0.9% sodium chloride before and after each infusion. Encourage oral fluid intake greater than 1500 mL per day.

Maximum BSA = 2.2 m2.

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**

CARFILZOMIB 60 MG INTRAVENOUS SOLUTION

Medications

20 mg/m2

Main

Yes

Ingredient

DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION

QS Base

50 mL

Yes

Yes

Post-Hydration**sodium chloride 0.9 % bolus 250 mL**

Dose: 250 mL

Route: intravenous

once over 60 Minutes for 1 dose

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.

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
Start: S

Route: intravenous PRN

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg
Start: S

Route: oral PRN

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

Day 2

Perform every 1 day x1

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
Start: S
Instructions:
To keep vein open.

Pre-Hydration

sodium chloride 0.9 % bolus 250 mL

Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
Start: S

Pre-Medications

dexamethasone (DECADRON) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Give 30 min to 4 hours prior to Carfilzomib.

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%.

Chemotherapy

**carfilzomib (KYPROLIS) 20 mg/m2 in dextrose
5% 50 mL chemo IVPB**

Dose: 20 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 1 Hours

Instructions:
Flush line with 20 mL 0.9% sodium chloride before and after each infusion. Encourage oral fluid intake greater than 1500 mL per day. Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Post-Hydration

sodium chloride 0.9 % bolus 250 mL

Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: Once Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: Once Occurrences: --

☒ **LDH**

Interval: Once Occurrences: --

☒ **URIC ACID LEVEL**

Interval: Once Occurrences: --

☒ **PHOSPHORUS LEVEL**

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

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:
To keep vein open.

Pre-Hydration

sodium chloride 0.9 % bolus 250 mL

Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose

Start: S

Pre-Medications

dexamethasone (DECADRON) tablet 20 mgDose: 20 mg Route: oral once for 1 dose
Offset: 0 HoursInstructions:
Give 30 min to 4 hours prior to Carfilzomib.

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%.

Chemotherapy

**carfilzomib (KYPROLIS) 27 mg/m2 in dextrose
5% 50 mL chemo IVPB**Dose: 27 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 30 MinutesInstructions:
Maximum BSA = 2.2 m2.**Ingredients:****Name**CARFILZOMIB 60
MG INTRAVENOUS
SOLUTION**Type**

Medications

Dose

27 mg/m2

Selected

Main

Ingredient

Adds Vol.

Yes

			DEXTROSE 5 % IN QS Base	50 mL	Yes	Yes	
			WATER (D5W)				
			INTRAVENOUS				
			SOLUTION				
		Post-Hydration					
		sodium chloride 0.9 % bolus 250 mL					
		Dose: 250 mL	Route: intravenous	once over 60 Minutes for 1 dose			
	Day 9						
		Perform every 1 day x1					
		Nursing Orders					
		sodium chloride 0.9 % infusion 250 mL					
		Dose: 250 mL	Route: intravenous	once @ 30 mL/hr for 1 dose			
		Start: S					
		Instructions:					
		To keep vein open.					
		Pre-Hydration					
		sodium chloride 0.9 % bolus 250 mL					
		Dose: 250 mL	Route: intravenous	once over 60 Minutes for 1 dose			
		Start: S					
		Pre-Medications					
		dexamethasone (DECADRON) tablet 20 mg					
		Dose: 20 mg	Route: oral	once for 1 dose			
				Offset: 0 Hours			
		Instructions:					
		Give 30 min to 4 hours prior to Carfilzomib.					
		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%.				
		Chemotherapy					
		carfilzomib (KYPROLIS) 27 mg/m2 in dextrose					
		5% 50 mL chemo IVPB					
		Dose: 27 mg/m2	Route: intravenous	once over 10 Minutes for 1 dose			
				Offset: 30 Minutes			
		Instructions:					
		Maximum BSA = 2.2 m2.					
		Ingredients:	Name	Type	Dose	Selected	Adds Vol.
			CARFILZOMIB 60	Medications	27 mg/m2	Main	Yes
			MG INTRAVENOUS			Ingredient	
			SOLUTION				
			DEXTROSE 5 % IN QS Base		50 mL	Yes	Yes
			WATER (D5W)				
			INTRAVENOUS				
			SOLUTION				
		Post-Hydration					
		sodium chloride 0.9 % bolus 250 mL					
		Dose: 250 mL	Route: intravenous	once over 60 Minutes for 1 dose			
	Day 15						
		Perform every 1 day x1					
		Labs					
		☒ COMPREHENSIVE METABOLIC PANEL					
		Interval: Once	Occurrences: --				
		☒ CBC WITH PLATELET AND DIFFERENTIAL					
		Interval: Once	Occurrences: --				

☒ **MAGNESIUM LEVEL**

Interval: Once

Occurrences: --

☒ **LDH**

Interval: Once

Occurrences: --

☒ **URIC ACID LEVEL**

Interval: Once

Occurrences: --

☒ **PHOSPHORUS LEVEL**

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

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Pre-Hydration

sodium chloride 0.9 % bolus 250 mL

Dose: 250 mL

Route: intravenous

once over 60 Minutes for 1 dose

Start: S

Pre-Medications

dexamethasone (DECADRON) tablet 20 mg

Dose: 20 mg

Route: oral

once for 1 dose

Offset: 0 Hours

Instructions:

Give 30 min to 4 hours prior to Carfilzomib.

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%.

Chemotherapy

**carfilzomib (KYPROLIS) 27 mg/m2 in dextrose
5% 50 mL chemo IVPB**

Dose: 27 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Maximum BSA = 2.2 m2.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CARFILZOMIB 60
MG INTRAVENOUS
SOLUTION

Medications

27 mg/m2

Main

Yes

Ingredient

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

QS Base

50 mL

Yes

Yes

Post-Hydration

sodium chloride 0.9 % bolus 250 mL

Dose: 250 mL

Route: intravenous

once over 60 Minutes for 1 dose

Day 16

Perform every 1 day x1

Nursing Orders**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Pre-Hydration**sodium chloride 0.9 % bolus 250 mL**

Dose: 250 mL

Route: intravenous

once over 60 Minutes for 1 dose

Start: S

Pre-Medications**dexamethasone (DECADRON) tablet 20 mg**

Dose: 20 mg

Route: oral

once for 1 dose

Offset: 0 Hours

Instructions:

Give 30 min to 4 hours prior to Carfilzomib.

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%.

Chemotherapy**carfilzomib (KYPROLIS) 27 mg/m2 in dextrose****5% 50 mL chemo IVPB**

Dose: 27 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Maximum BSA = 2.2 m2.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	27 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Post-Hydration**sodium chloride 0.9 % bolus 250 mL**

Dose: 250 mL

Route: intravenous

once over 60 Minutes for 1 dose