

IP CETUXIMAB (INITIAL DOSE) (EVERY 7 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: CET, HERB, CETUXIMAB, ERBITUX, ERB, HERBITUX, COLORECTAL, GI, GASTRO, META, HEAD, NECK, H&N

Cycle 1	Repeat 1 time	Cycle length: 7 days
Day 1	Perform every 1 day x1	
Labs		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	Interval: Once Occurrences: --	
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL	Interval: Once Occurrences: --	
<input checked="" type="checkbox"/> MAGNESIUM LEVEL	Interval: Once Occurrences: --	
Labs		
BASIC METABOLIC PANEL	Interval: Once Occurrences: --	
Nursing Orders		
TREATMENT CONDITIONS 4	Interval: Until discontinued Occurrences: --	
Comments:	HOLD and notify provider if Magnesium LESS than or EQUAL to 1.7	
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-Medications		
diphenhydramine (BENADRYL) injection 25 mg	Dose: 25 mg Route: intravenous once for 1 dose	
Start: S		
Instructions:	Give 30 minutes prior to cetuximab	
Supportive Care		
<input type="radio"/> LORAZepam (ATIVAN) injection 1 mg	Dose: 1 mg Route: intravenous PRN	
Start: S		
<input type="radio"/> LORAZepam (ATIVAN) tablet 1 mg	Dose: 1 mg Route: oral PRN	
Start: S		
Chemotherapy		
cetuximab (ERBITUX) 400 mg/m2 in 0 mL		

Dose: 400 mg/m² Route: intravenous once over 120 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion.

1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes.

Rate of infusion not to exceed 10 mg/minute (5 mL/minute)

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	400 mg/m ²	Main Ingredient	Yes

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: Until discontinued

Occurrences: --

Comments:

Contact Provider if drug-induced acneiform rash develops and covers more than 25 per cent of the body.

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

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: Until
discontinued

Occurrences: --

Comments:

Contact Provider if drug-induced acneiform rash develops and covers more than 25 per cent of the body.

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.