

IP DEANGELIS WITH RITUXIMAB - METHOTREXATE / VINCRISTINE / LEUCOVORIN (CYCLES 2 AND 4)

Types: ONCOLOGY TREATMENT

Synonyms: PRIMARY, CENTRAL, CNS, LYMPH, MTX, ONCOV, METHOT, VINCR, DEANGELIS, DEAN, RITUX

Cycle 1		Repeat 1 time	Cycle length: 14 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: --
	<input checked="" type="checkbox"/> LDH	Interval: Once	Occurrences: --
	<input checked="" type="checkbox"/> URIC ACID LEVEL	Interval: Once	Occurrences: --
	<input checked="" type="checkbox"/> PHOSPHORUS LEVEL	Interval: Once	Occurrences: --
	Provider Communication		
	ONC PROVIDER COMMUNICATION 58	Interval: Once	Occurrences: --
		Comments:	Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on ***.
		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%.
		Provider Communication	
		ONC PROVIDER COMMUNICATION 14	Interval: Until discontinued
		Occurrences: --	
		Comments:	No salicylates, NSAIDS or sulfa drugs concurrent or a week before treatment starts. No proton pump inhibitors. Restrict carbonated beverages.
		Nursing Orders	
		ONC NURSING COMMUNICATION 64	Interval: Until discontinued
		Occurrences: --	
		Comments:	Draw methotrexate level for 24 hours, 48 hours and 72 hours AFTER COMPLETION of methotrexate infusion and send STAT. Obtain level every 24 hours until methotrexate level is LESS than 0.05.

Check STAT urine pH prior to starting Methotrexate and then every 8 hours. If urine pH is LESS than 7, administer 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, repeat 50 mEq sodium bicarbonate and recheck in 1 hour. If still LESS than 7, call provider.

The syringe that the blood is sent to lab in needs to be COVERED (brown bag/paper towel) going to the lab.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Until discontinued

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

Instructions:

To keep vein open.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

☒ (DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Base

No

Yes

☐ ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

End: S 11:30 AM

☐ dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

☐ aprepitant (CINVANTI) 130 mg in dextrose
(NON-PVC) 5% 130 mL IVPB

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**APREPITANT 7.2
MG/ML

Medications

130 mg

Main

Yes

INTRAVENOUS
EMULSIONDEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)SODIUM
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP
(EXCEL;NON-PVC)

Pre-Hydration

dextrose 5% 1,000 mL with sodium bicarbonate**150 mEq infusion**

Dose: 150 mL/hr

Route: intravenous

continuous

Start: S

Instructions:

Run until methotrexate level is LESS than 0.05
micromol/L.**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**DEXTROSE 5 % IN
WATER (D5W)

Base

1,000 mL

Yes

Yes

INTRAVENOUS
SOLUTION

Chemotherapy

**vinCRISTine (ONCOVIN) 1.4 mg/m2 in sodium
chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.4 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN
INTRATHECALLY. Maximum dose = 2.8 mg.

Rule-Based Template: RULE ONCBCN

VINCRISTINE 1.4 MG/M2

Conditions:

Modifications:

BSA < 1.43 m2
BSA >= 1.43 m2

Ingredients:

Name
VINCRIPTINE 1
MG/ML
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Set dose to 1.4 mg/m2
Set dose to 2.8 mg

Type	Dose	Selected	Adds Vol.
Medications	1.4 mg/m2	Main Ingredient	Yes
QS Base	50 mL	Yes	Yes

Chemotherapy

**methotrexate PF 2,500 mg/m2 in sodium
chloride 0.9 % 500 mL chemo IVPB**

Dose: 2,500 mg/m2 Route: intravenous once over 3 Hours for 1 dose
Offset: 60 Minutes

Instructions:
START methotrexate only after urine pH
GREATER than 7.

Ingredients:

Name
METHOTREXATE
SODIUM (PF) 25
MG/ML INJECTION
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Type	Dose	Selected	Adds Vol.
Medications	2,500 mg/m2	Main Ingredient	Yes
QS Base	500 mL	No	Yes
QS Base	500 mL	Yes	Yes

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S
Instructions:
Give 30 minutes before rituximab infusion.

**diphenhydramine (BENADRYL) injection 25
mg**

Dose: 25 mg Route: intravenous once for 1 dose

Start: S
Instructions:
Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous
Start: S

Pharmacy Consult

**PHARMACY CONSULT TO SCREEN FOR
RAPID RITUXIMAB INFUSION**

Interval: -- Occurrences: --

Chemotherapy

☒ **RiTUXimab (PF) (RITUXAN) 500 mg/m2 in
sodium chloride 0.9% INITIAL INFUSION RATE
IVPB**

Dose: 500 mg/m2 Route: intravenous once for 1 dose
Offset: 2 Hours

Instructions:
Initiate infusion at rate of 50 mg/hour. In the
absence of infusion toxicity (SBP within 20

mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mg/hour every 30 minutes, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

☐ **RiTUXImab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: -- Route: intravenous once for 1 dose
Offset: 2 Hours

Instructions:

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

☐ **RiTUXImab (PF) (RITUXAN) 500 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 500 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 2 Hours

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly

responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	TRAVENOUS SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: Until discontinued

Occurrences: --

Comments:

- 1) During Rituximab infusion:
 - Vitals every 15 minutes during 1st hour of infusion, THEN
 - Every 30 minutes for 1 hour, THEN
 - Every hour until end of infusion
 - Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: Until discontinued

Occurrences: --

Comments:

- 2) Infuse antibody via pump
- 3) If any of the following occurs: FEVER (temperature greater than 38.5 degrees Celsius), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and/or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg

Route: intravenous

once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection

0.3 mg

Dose: 0.3 mg

Route: intramuscular

once PRN

Start: S

Supportive Care

sodium bicarbonate tablet 1,300 mg

Dose: 1,300 mg

Route: oral

2 times daily for 2 doses

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.

Day 2

Perform every 1 day x1

Chemotherapy

leucovorin IV 50 mg

Dose: 50 mg

Route: intravenous

every 6 hours over 30 Minutes

Start: S

Instructions:

Give 24 hours AFTER COMPLETION of
methotrexate infusion.

Continue every 6 hours until levels are LESS
than 0.05 micromol/L.

Day 8

Perform every 1 day x1

Intrathecal Injections

methotrexate PF 12 mg in sodium chloride

0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 12 mg

Route: intrathecal

once over 5 Minutes for 1 dose

Start: S

End: S

Instructions:

Preservative free for intrathecal use.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

METHOTREXATE
SODIUM (PF) 25
MG/ML INJECTION
SOLUTION

Medications

12 mg

Main

Yes

SODIUM
CHLORIDE 0.9 %
INJECTION
SOLUTION

QS Base

4.52 mL

Yes

Yes