

## IP FOLFIRI (EVERY 14 DAYS)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, IRIN, LEUCO, CAMPTOSAR, CAMP, COLORECTAL, GI

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 14 days
<b>Day 1</b>	Perform every 1 day x1	
<b>Labs</b>		
<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: --		
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 4</b>		
Interval: Until discontinued      Occurrences: --		
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than 3 times upper normal limit; or Serum Creatinine GREATER than 1.2		
<b>Line Flush</b>		
<b>sodium chloride 0.9 % flush 20 mL</b>		
Dose: 20 mL      Route: intravenous      PRN		
Start: S		
<b>Nursing Orders</b>		
<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.		
<b>Pre-Medications</b>		
<b>ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB</b>		
Dose: 16 mg      Route: intravenous      once over 15 Minutes for 1 dose		
Start: S		
<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications
	DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base
	DEXTROSE 5 % IN WATER (D5W)	Base
		<b>Dose</b>
		16 mg
		12 mg
		50 mL
		50 mL
		<b>Selected</b>
		Main
		Yes
		<b>Adds Vol.</b>
		No
		No
		Yes
		No
		Yes

**INTRAVENOUS SOLUTION**

**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

**fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB**

Dose: 150 mg                      Route: intravenous                      once over 30 Minutes for 1 dose  
 Start: S

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	FOSAPREPITANT 150 MG INTRAVENOUS SOLUTION	Medications	150 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	145 mL	Yes	Yes

**Pre-Medications**

**atropine injection 0.25 mg**

Dose: 0.25 mg                      Route: intravenous                      PRN  
 Start: S

**Supportive Care**

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg                              Route: intravenous                      PRN  
 Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg                              Route: oral                              PRN  
 Start: S

**Chemotherapy**

**leucovorin 400 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 400 mg/m2                      Route: intravenous                      once over 90 Minutes for 1 dose  
 Offset: 30 Minutes

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	400 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

**irinotecan (CAMPTOSAR) 180 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 180 mg/m2                      Route: intravenous                      once over 90 Minutes for 1 dose  
 Offset: 2 Hours

Instructions:

Protect from light

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	180 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

**fluorouracil (ADRUCIL) 400 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 400 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 3.5 Hours

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Medications	400 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2

Route: intravenous

once over 23 Hours for 1 dose

Offset: 3.75 Hours

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,200 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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.

**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-Medications

**ondansetron (ZOFTRAN) IV 16 mg**

Dose: 16 mg                      Route: intravenous                      once for 1 dose

Start: S

Chemotherapy

**fluorouracil (ADRUCIL) 1,200 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,200 mg/m2                      Route: intravenous                      once over 23 Hours for 1 dose

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

FLUOROURACIL

Medications

1,200

Main

Yes

500 MG/10 ML

mg/m2

Ingredient

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN

QS Base

500 mL

No

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

SODIUM


QS Base

500 mL

Yes

Yes

CHLORIDE 0.9 %



INTRAVENOUS  
SOLUTION