

## IP FOLFIRI / ZIV-AFLIBERCEPT (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, IRIN, LEUCO, CAMPTOSAR, CAMP, ZAL, ZIV, ZALTRAP, ZIV-AFLIBERCEPT, COLORECTAL, GI

| Cycle 1  | Repeat 1 time  | Cycle length: 14 days      |
|--|--|----------------------------|
| <b>Day 1</b> Perform every 1 day x1  |  |                            |
| Nursing Orders   |  |                            |
| <b>TREATMENT CONDITIONS</b>  |  |                            |
| Interval: Until discontinued   | Occurrences: --  |                            |
| Comments:  | Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.  |                            |
| 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>LDH</b>  |  |                            |
| Interval: Once   | Occurrences: --  |                            |
| <input type="checkbox"/> <b>URIC ACID LEVEL</b>                                  |  |                            |
| Interval: Once   | Occurrences: --  |                            |
| <input checked="" type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b> |  |                            |
| Interval: Once   | Occurrences: --  |                            |
| Nursing Orders   |  |                            |
| <b>TREATMENT CONDITIONS 5</b>  |  |                            |
| Interval: Until discontinued   | Occurrences: --  |                            |
| Comments:  | HOLD and notify provider if PROTEIN 2+ is detected in Urine.   |                            |
| Nursing Orders   |  |                            |
| <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 |                            |
| 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.

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        | Base        | 50 mL | Always   | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION  | 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 INTRAVENOUS EMULSION            | Medications | 130 mg | Main Ingredient | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | Base        | 130 mL | Yes             | Yes       |
|              | SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)        | Base        | 130 mL | No              | 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  
Start: S

Route: oral

PRN

Chemotherapy

**ziv-aflibercept (ZALTRAP) 4 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 4 mg/kg      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 30 Minutes

Instructions:

Infuse via a 0.2 micron polyethersulfone filter.

Administer PRIOR to ANY components of the FOLFIRI regimen.

| Ingredients: | Name  | Type        | Dose    | Selected        | Adds Vol. |
|--------------|---|-------------|---------|-----------------|-----------|
|              | ZIV-AFLIBERCEPT 100 MG/4 ML (25 MG/ML)                          | Medications | 4 mg/kg | Main Ingredient | Yes       |
|              | INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base     | 100 mL  | Yes             | Yes       |

**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: 1.5 Hours

| Ingredients: | Name   | Type        | Dose      | Selected        | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
|              | 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: 3 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: 4.5 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: 4.75 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  
Comments:

Occurrences: --

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 (ZOFRAN) 16 mg in sodium chloride 0.9 % 50 mL IVPB**

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

Start: S                      End: S 10:00 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

No

No

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

Base

No

Yes

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  
500 MG/10 ML  
INTRAVENOUS  
SOLUTION

Medications

1,200  
mg/m2

Main  
Ingredient

DEXTROSE 5 % IN  
WATER (D5W)

QS Base

500 mL

No

Yes

INTRAVENOUS  
SOLUTION  
SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

500 mL

Yes

Yes