

IP FOLFIRI / CETUXIMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, IRIN, CAMPTOSAR, CAMP, CET, CETUXIMAB, ERB, HERB, ERBTIUX, HERBITUX, COLORECTAL, GI

Cycle 1	Repeat 1 time	Cycle length: 14 days																		
Day 1	Perform every 1 day x1																			
Provider Communication																				
<p>ONC PROVIDER COMMUNICATION 2 Interval: Once Occurrences: -- Comments: Tumor KRAS gene status should be determined prior to initiation of therapy. KRAS type: Please Push F2:115540219.</p>																				
Labs																				
<p><input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL Interval: Once Occurrences: --</p>																				
<p><input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL Interval: Once Occurrences: --</p>																				
<p><input checked="" type="checkbox"/> MAGNESIUM LEVEL Interval: Once Occurrences: --</p>																				
Nursing Orders																				
<p>TREATMENT CONDITIONS 4 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</p>																				
Line Flush																				
<p>sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S</p>																				
Nursing Orders																				
<p>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.</p>																				
Pre-Medications																				
<p>ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose Start: S</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ingredients:</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Dose</th> <th style="text-align: left;">Selected</th> <th style="text-align: left;">Adds Vol.</th> </tr> </thead> <tbody> <tr> <td></td> <td>ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION</td> <td>Medications</td> <td>16 mg</td> <td>Main</td> <td>No</td> </tr> <tr> <td></td> <td>DEXAMETHASONE 10 MG/ML INJECTION SOLUTION</td> <td>Medications</td> <td>12 mg</td> <td>Yes</td> <td>No</td> </tr> </tbody> </table>			Ingredients:	Name	Type	Dose	Selected	Adds Vol.		ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main	No		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
Ingredients:	Name	Type	Dose	Selected	Adds Vol.															
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main	No															
	DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No															

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

ondansetron (ZOFRAN) 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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	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

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

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

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/m2	Main Ingredient	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: 2.5 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: 4 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: 5.5 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: 5.75 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 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

Occurrences: --

Comments:

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.

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

Day 8

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

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to cetuximab.

Chemotherapy

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2 Route: intravenous once over 60 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.

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	250 mg/m2	Main Ingredient	Yes