

IP FOLFOXIRI (EVERY 14 DAYS) WITH CETUXIMAB (DAY 1 AND DAY 8)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOXIRI, FLUOROURACIL, LEUCOVORIN, OXALIPLATIN , IRINOTECAN , FOL, CAMPTOSAR, ADRUCIL, ELOXATIN, LUKE, FLOW, AGE, ELOC, COLORECTAL, GI

Cycle 1	Repeat 1 time	Cycle length: 14 days
Day 1		Perform every 1 day x1
Provider Communication		
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.		
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: --		
Nursing Orders		
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; Serum Creatinine GREATER than 1.2 or Magnesium LESS than or EQUAL to 1.7		
Line Flush		
dextrose 5% flush syringe 20 mL		
Dose: 20 mL Route: intravenous PRN		
Start: S		
Instructions: Administer ONLY for Oxaliplatin.		
sodium chloride 0.9 % flush 20 mL		
Dose: 20 mL Route: intravenous PRN		
Start: S		
Instructions: Do NOT administer with Oxaliplatin.		
Nursing Orders		
dextrose 5% infusion 250 mL		
Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose		
Start: S		
Instructions: To keep vein open for Oxaliplatin.		
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. Do NOT administer with		

Oxaliplatin.

Pre-Medications

ondansetron (ZOFTRAN) 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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main Ingredient	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 (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

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
Start: S

Route: oral

PRN

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 200 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 200 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	200 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

irinotecan (CAMPTOSAR) 165 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 165 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	165 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	SODIUM	QS Base	500 mL	No	Yes

CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

**OXALIPlatin (ELOXATIN) 85 mg/m2 in dextrose
5% 500 mL chemo IVPB**

Dose: 85 mg/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 5.5 Hours

Instructions:

Irritant - avoid extravasation. Flush line with
D5W before and after oxaliplatin infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	OXALIPLATIN 100 MG/20 ML INTRAVENOUS SOLUTION	Medications	85 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

**fluorouracil (ADRUCIL) 1,600 mg/m2 in sodium
chloride 0.9 % 500 mL chemo IVPB**

Dose: 1,600 mg/m2 Route: intravenous once over 23 Hours for 1 dose
Offset: 7.5 Hours

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,600 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
Comments:

Occurrences: --

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 11

Interval: Until Occurrences: --
discontinued

Comments: Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

ONC NURSING COMMUNICATION 12

Interval: Until Occurrences: --
discontinued

Comments: Assess and notify provider for persistent neuropathy (Grade 2).

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: Until Occurrences: --
discontinued

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) 1,600 mg/m² in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 1,600 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	1,600 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

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

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.