

## IP FOLFOXIRI / BEVACIZUMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

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

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>dextrose 5% flush syringe 20 mL</b>		
Dose: 20 mL	Route: intravenous	PRN
Start: S		
Instructions:	Administer ONLY for Oxaliplatin.	
<b>sodium chloride 0.9 % flush 20 mL</b>		
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 (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

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

ONDANSETRON

Medications

16 mg

Main

No

HCL 2 MG/ML

Ingredient

INTRAVENOUS

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

10 MG/ML

INJECTION

SOLUTION

SODIUM

Base

50 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN Base

50 mL

No

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

**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

Medications

150 mg

Main

Yes

150 MG

Ingredient

INTRAVENOUS

SOLUTION

SODIUM

QS Base

145 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

**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

**bevacizumab (AVASTIN) 5 mg/kg in sodium chloride 0.9 % 100 mL IVPB**

Dose: 5 mg/kg      Route: intravenous      once over 30 Minutes for 1 dose  
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BEVACIZUMAB 25 MG/ML INTRAVENOUS SOLUTION	Medications	5 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	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: 1 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: 2.5 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 CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

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: 4 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: 6 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

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  
Start: S

Route: intravenous PRN

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg  
Start: S

Route: oral PRN

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg  
Start: S

Route: intravenous PRN

**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).

**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	QS Base	500 mL	No	Yes

SOLUTION  
SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

500 mL

Yes

Yes