

# IP LIPOSOMAL IRINOTECAN / LEUCOVORIN / FLUOROURACIL

*Types:* ONCOLOGY TREATMENT

*Synonyms:* FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, IRIN, ONIVYDE, ONI, PANC

Cycles 1 to 6	Repeat 6 times	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																																
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<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: --                      Route: intravenous                      once over 15 Minutes for 1 dose Start: S                      End: S 11:30 AM																																
<table border="0"> <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 (PF) 4 MG/2 ML INJECTION SOLUTION</td> <td>Medications</td> <td>16 mg</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>DEXAMETHASONE 4 MG/ML INJECTION SOLUTION</td> <td>Medications</td> <td>12 mg</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION</td> <td>Base</td> <td>50 mL</td> <td>Always</td> <td>Yes</td> </tr> <tr> <td></td> <td>DEXTROSE 5 % IN WATER (D5W)</td> <td>Base</td> <td></td> <td>No</td> <td>Yes</td> </tr> </tbody> </table>			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)	Base		No	Yes
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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

**palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg                      Route: intravenous                      once for 1 dose  
 Start: S                              End: S 3:00 PM  
 Instructions:  
 For OUTPATIENT use only.

**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	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION 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

Chemotherapy

**irinotecan liposomal (ONIVYDE) 70 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 70 mg/m2                      Route: intravenous                      once over 90 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:  
 Do not use in-line filters.    Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IRINOTECAN LIPOSOMAL 4.3 MG/ML	Medications	70 mg/m2	Main Ingredient	Yes
	INTRAVENOUS DEXTROSE 5 % IN WATER (D5W)	QS Base	500 mL	Yes	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

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

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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN	Medications	400	Main	Yes
	CALCIUM 350 MG SOLUTION FOR INJECTION		mg/m2	Ingredient	
	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

Offset: 120 Minutes

**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: 150 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,200	Main	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

**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

**Labs**

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once      Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once      Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once      Occurrences: --

**Line Flush**

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN

Start: S

**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) injection 8 mg**

Dose: 8 mg      Route: intravenous      every 7 days for 4 doses  
 Start: S

 **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg      Route: oral      every 7 days for 4 doses  
 Start: S

 **ondansetron (ZOFTRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg      Route: intravenous      every 7 days over 15 Minutes for 4 doses  
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

## Chemotherapy

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

Dose: 1,200 mg/m2/day      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/day	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

## 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.