

## IP MFOLFOX6 / CETUXIMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOX, OXALIPLATIN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, OXAL, ELOXATIN, ELOX, CET, CETUXIMAB, ERB, HERB, ERBTIUX, HERBITUX, COLORECTAL, GI

Cycle 1	Repeat 1 time	Cycle length: 14 days
<b>Day 1</b>		Perform every 1 day x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 2</b> Interval: Once                      Occurrences: -- Comments:                              Tumor KRAS gene status should be determined prior to initiation of therapy.    KRAS type: Please Push F2:115540219.		
<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; Serum Creatinine GREATER than 1.2 or Magnesium LESS than or EQUAL to 1.7		
<b>Line Flush</b>		
<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.		
<b>Nursing Orders</b>		
<b>dextrose 5% infusion 250 mL</b> Dose: 250 mL                      Route: intravenous                      once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open for Oxaliplatin.		
<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. Do NOT administer with Oxaliplatin.		



○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg                      Route: oral                      PRN  
 Start: S

Chemotherapy

**cetuximab (ERBITUX) 500 mg/m2 in 0 mL**

Dose: 500 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	500 mg/m2	Main Ingredient	Yes

**leucovorin 400 mg/m2 in dextrose 5% 250 mL chemo IVPB**

Dose: 400 mg/m2                      Route: intravenous                      once over 2 Hours 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	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

**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: 4.5 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) 400 mg/m2 in sodium**

**chloride 0.9 % 50 mL chemo IVPB**Dose: 400 mg/m<sup>2</sup>      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 6.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Medications	400 mg/m <sup>2</sup>	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/m<sup>2</sup> in sodium chloride 0.9 % 500 mL chemo IVPB**Dose: 1,200 mg/m<sup>2</sup>      Route: intravenous      once over 23 Hours for 1 dose  
Offset: 6.75 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	1,200 mg/m <sup>2</sup>	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 &amp; 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                      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 discontinued      Occurrences: --

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 discontinued      Occurrences: --

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

**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) 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	Medications	12 mg	No	No
	4 MG/ML				

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

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	Medications	1,200 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base	500 mL	No	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	500 mL	Yes	Yes
	INTRAVENOUS SOLUTION				