

IP MFOLFOX6 / CETUXIMAB (LOADING DOSE) (EVERY 7 DAYS) (14 DAY CYCLE)

Types: ONCOLOGY TREATMENT

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

| 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; or Serum Creatinine GREATER than 1.2 | | |
| 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: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON

Medications

16 mg

Yes

No

HCL (PF) 4 MG/2

ML INJECTION

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

4 MG/ML

INJECTION

SOLUTION

SODIUM

Base

50 mL

Always

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN Base

No

Yes

WATER (D5W)

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

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

Medications

130 mg

Main

Yes

MG/ML

INTRAVENOUS

EMULSION

DEXTROSE 5 % IN Base

130 mL

Yes

Yes

WATER (D5W) IV

SOLP (EXCEL;

NON-PVC)

SODIUM

Base

130 mL

No

Yes

CHLORIDE 0.9 % IV

SOLP

(EXCEL;NON-PVC)

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 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/m² 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 ² | 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: 6.75 Hours

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-------------------------|-----------------|-----------|
| | FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION | Medications | 1,200 mg/m ² | 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 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 4 MG/ML | Medications | 12 mg | No | No |

| | | | | | |
|-----------------------------|------|-------|--------|-----|--|
| 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 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 |

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 |