

IP MFOLFOX6 / PANITUMUMAB

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOX, OXALIPLATIN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, OX, OXAL, LEUCO, ELOX, ELOXATIN, 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; 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.		
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

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 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) INTRAVENOUS SOLUTION	Base		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

**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 INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	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

Chemotherapy

**panitumumab (VECTIBIX) 6 mg/kg in sodium
chloride 0.9 % 100 mL chemo IVPB**

Dose: 6 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

USE 0.2 OR 0.22 MICRON INLINE FILTER.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
PANITUMUMAB 100 MG/5 ML (20 MG/ML) INTRAVENOUS SOLUTION	Medications	6 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	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: 1.5 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: 3.5 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: 5.5 Hours

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Medications	400 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes
SODIUM CHLORIDE 0.9 %	QS Base	50 mL	Yes	Yes

INTRAVENOUS
SOLUTION

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: 5.75 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
 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 discontinued
 Comments:

Occurrences: --

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
INJECTION
SOLUTION

Medications

12 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

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