

IP MOXETUMOMAB EVERY 28 DAYS

Types: ONCOLOGY TREATMENT
Synonyms: LUMOXITI, HAIRY, CELL, LEUKEMIA

Cycle 1	Repeat 1 time	Cycle length: 28 days
Days 1,3,5 Perform every 2 days x3		
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.		
Medications		
aspirin (ECOTRIN) enteric coated tablet 81 mg Dose: 81 mg Route: oral daily Start: S		
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: --		
<input checked="" type="checkbox"/> LDH Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> URIC ACID LEVEL Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> PHOSPHORUS LEVEL Interval: Once Occurrences: --		
Labs		
CALCIUM LEVEL Interval: Once Occurrences: --		
Pre-Hydration		
<input type="radio"/> sodium chloride 0.9 % bolus 1,000 mL Dose: 1,000 mL Route: intravenous once for 1 dose Start: S End: S Instructions: If patient weights LESS than 50 kg, infuse NS 1,000 mL over 2 to 4 hours		
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL Dose: 500 mL Route: intravenous once for 1 dose Start: S End: S Instructions:		

If patient weights GREATER or EQUAL to 50 kg, infuse NS 500 mL over 1 to 2 hours

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
Start: S

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
Start: S

Chemotherapy

**moxetumomab pasudotox-tdfk (LUMOXITI)
0.04 mg/kg in sodium chloride 0.9% 50 mL
IVPB**

Dose: 0.04 mg/kg Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

Stable at room temperature for up to 4 hours after mixing. Protect from light.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
MOXETUMOMAB PASUDOTOX-TDFK 1 MG INTRAVENOUS SOLUTION	Medications	0.04 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 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 svrinæ 0.3 ma

Dose: 0.3 mg Route: subcutaneous PRN
Start: S

Post-Hydration

sodium chloride 0.9 % bolus 1,000 mL

Dose: 1,000 mL Route: intravenous once for 1 dose
Start: S End: S

Instructions:

If patient weights LESS than 50 kg, infuse NS
1,000 mL over 2 to 4 hours

sodium chloride 0.9 % bolus 500 mL

Dose: 500 mL Route: intravenous once for 1 dose
Start: S End: S

Instructions:

If patient weights GREATER or EQUAL to 50
kg, infuse NS 500 mL over 1 to 2 hours

Post-Medications

dexAMETHasone (DECADRON) tablet 4 mg

Dose: 4 mg Route: oral 2 times daily
Start: S

Instructions:

Administer on Days 1,2, and 3 AFTER
completion of Moxetumomab infusion to
prevent post-infusion nausea / vomiting.

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.

Cycles 2 to 6

Repeat 5 times

Cycle length: 28 days

Day 1

Perform every 0 days x1

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.

Medications

aspirin (ECOTRIN) enteric coated tablet 81 mg

Dose: 81 mg Route: oral daily
Start: S

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

MAGNESIUM LEVEL

Interval: Once Occurrences: --

LDH

Interval: Once Occurrences: --

URIC ACID LEVEL

Interval: Once Occurrences: --

PHOSPHORUS LEVEL

Interval: Once Occurrences: --

Labs

CALCIUM LEVEL

Interval: Once Occurrences: --

Pre-Hydration

sodium chloride 0.9 % bolus 1,000 mL

Dose: 1,000 mL Route: intravenous once for 1 dose

Start: S End: S

Instructions:

If patient weights LESS than 50 kg, infuse NS
1,000 mL over 2 to 4 hours

sodium chloride 0.9 % bolus 500 mL

Dose: 500 mL Route: intravenous once for 1 dose

Start: S End: S

Instructions:

If patient weights GREATER or EQUAL to 50
kg, infuse NS 500 mL over 1 to 2 hours

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S

Chemotherapy

**moxetumomab pasudotox-tdfk (LUMOXITI)
0.04 mg/kg in sodium chloride 0.9% 50 mL
IVPB**

Dose: 0.04 mg/kg Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Stable at room temperature for up to 4 hours
after mixing. Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MOXETUMOMAB	Medications	0.04	Main	Yes
	PASUDOTOX-TDFK		mg/kg	Ingredient	
	1 MG				
	INTRAVENOUS				
	SOLUTION				
	SODIUM	QS Base	50 mL	Yes	Yes
	CHLORIDE 0.9 %				
	INTRAVENOUS				
	SOLUTION				

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until Occurrences: --
discontinued

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 Occurrences: --
discontinued

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

Post-Hydration

sodium chloride 0.9 % bolus 1,000 mL

Dose: 1,000 mL Route: intravenous once for 1 dose
Start: S End: S

Instructions:

If patient weights LESS than 50 kg, infuse NS 1,000 mL over 2 to 4 hours

sodium chloride 0.9 % bolus 500 mL

Dose: 500 mL Route: intravenous once for 1 dose
Start: S End: S
Instructions:
If patient weights GREATER or EQUAL to 50 kg, infuse NS 500 mL over 1 to 2 hours

Post-Medications

dexAMETHasone (DECADRON) tablet 4 mg

Dose: 4 mg Route: oral 2 times daily
Start: S
Instructions:
Administer on Days 1,2, and 3 AFTER completion of Moxetumomab infusion to prevent post-infusion nausea / vomiting.

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.

Days 3,5

Perform every 2 days x2

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.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: -- Occurrences: --
Comments: Check patient has been prescribed with aspirin 81 mg po daily days 1-8 and dexamethasone 4mg po bid (duration to be specified per MD)

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: Once Occurrences: --

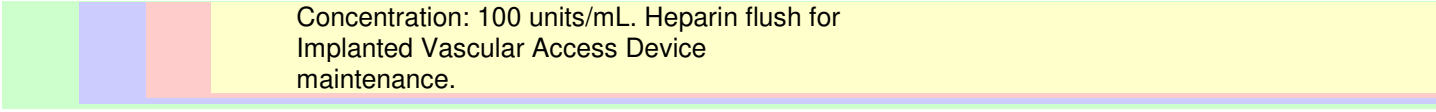
MAGNESIUM LEVEL

Interval: Once Occurrences: --

Pre-Hydration

sodium chloride 0.9 % bolus 1,000 mL

Dose: 1,000 mL Route: intravenous once for 1 dose
Start: S End: S
Instructions:
If patient weights LESS than 50 kg, infuse NS 1,000 mL over 2 to 4 hours



Concentration: 100 units/mL. Heparin flush for
Implanted Vascular Access Device
maintenance.