IP OFATUMUMAB WEEKLY (REFRACTORY)

Types: ONCOLOGY TREATMENT

Synonyms: OFATUM, ARZE, AREZ, CLL, CHRONIC, LYMPH, LEUKE

Cycle 1 Day 1			Cycle length: 162 days Perform every 1 day x1						
	ovider Communication ONC PROVIDE Interval: Once Comments:		ght to calculate dose. Adjust dose for weight reater than or equal to 10%.						
La	bs								
	∠ CBC WITH PLA	TELET AND DIFFERENT	ΓΙΑL						
	Interval: Once	Occurrences:							
	☑ COMPREHENS	☑ COMPREHENSIVE METABOLIC PANEL							
	Interval: Once	Occurrences:							
	✓ MAGNESIUM L	EVEL							
	Interval: Once	Occurrences:							
	□ LDH								
	Interval: Once	Occurrences:							
	☐ URIC ACID LEV	'EL							
	Interval: Once	Occurrences:							
Lir	ne Flush	o 0 0 % fluigh 20 ml							
	Dose: 20 mL Start: S	e 0.9 % flush 20 mL Route: intravenou	us PRN						
Nu	rsing Orders								
	sodium chlorid Dose: 250 mL Start: S Instructions: To keep vein o	e 0.9 % infusion 250 mL Route: intravenou							
Ch									
		ofatumumab (ARZERRA) 300 mg in sodium							
	chloride 0.9 % 1,000 mL IVPB Dose: 300 mg Route: intravenous		us once for 1 dose Offset: 30 Minutes						
	Instructions: Infuse per ma infusion instru								
	Do not admini pre-medication	ster until at least 30 min af าร.	fter						
	Ingredients:	Name OFATUMUMA MG/5 ML INTRAVENOU SOLUTION	Type Dose Selected Adds Vol. AB 100 Medications 300 mg Main Yes Ingredient US						
		SODIUM CHLORIDE 0	QS Base 985 mL Yes Yes						

INTRAVENOUS SOLUTION

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: Until discontinued Comments:

Occurrences: --

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 Comments:

Occurrences: --

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

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 ma Dose: 25 mg PRN Route: intravenous Start: S fexofenadine (ALLEGRA) tablet 180 mg Dose: 180 ma Route: oral **PRN** Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 **PRN** Dose: 20 mg Route: intravenous Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous **PRN** dexamethasone (DECADRON) injection 4 mg Dose: 4 ma Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg **PRN** Route: subcutaneous Start: S Discharge Nursing Orders 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 8 Perform every 0 days x1 Labs ☑ CBC WITH PLATELET AND DIFFERENTIAL Interval: Once Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: Once Occurrences: --**⋈** MAGNESIUM LEVEL Interval: Once Occurrences: --□ LDH

less than 90/50 mmHg, place patient in reclined or flattened position.

Interval: Once Occurrences: --**□ URIC ACID LEVEL** Interval: Once Occurrences: --**Nursing Orders** sodium chloride 0.9 % infusion 250 mL Dose: 250 mL once @ 30 mL/hr for 1 dose Route: intravenous Start: S Instructions: To keep vein open. Pre-Medications ☑ acetaminophen (TYLENOL) tablet 650 mg Dose: 650 mg Route: oral once for 1 dose Start: S Instructions: Administer 30 minutes prior to ofatumumab. diphenhydrAMINE (BENADRYL) injection 25 \checkmark mq Dose: 25 mg Route: intravenous once for 1 dose Start: S Instructions: Administer via slow IV push 30 minutes prior to ofatumumab. hydrocortisone sodium succinate (Solu-CORTEF) injection 200 mg Dose: 200 mg Route: intravenous once for 1 dose Start: S Instructions: Administer via slow IV push 30 minutes prior to ofatumumab. Chemotherapy ofatumumab (ARZERRA) 2,000 mg in sodium chloride 0.9 % 1,000 mL IVPB Dose: 2,000 mg once for 1 dose Route: intravenous Offset: 30 Minutes Instructions: Infuse per manufacturer recommended infusion instructions. Protect from light. Do not administer until at least 1 hour after pre-medications. Ingredients: Selected Adds Vol. Type **Dose** Name OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient **INTRAVENOUS** SOLUTION QS Base 900 mL Yes SODIUM Yes CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION **Day 15** Perform every 0 days x1 Labs **☑ CBC WITH PLATELET AND DIFFERENTIAL** Interval: Once Occurrences: --☑ COMPREHENSIVE METABOLIC PANEL Interval: Once Occurrences: --

MAGNESIUM LEVEL Interval: Once Occurrences: --□ LDH Interval: Once Occurrences: --**□ URIC ACID LEVEL** Interval: Once Occurrences: --**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** ☑ acetaminophen (TYLENOL) tablet 650 mg Dose: 650 mg Route: oral once for 1 dose Start: S Instructions: Administer 30 minutes prior to ofatumumab. diphenhydrAMINE (BENADRYL) injection 25 Dose: 25 mg Route: intravenous once for 1 dose Start: S Instructions: Administer via slow IV push 30 minutes prior to ofatumumab. hydrocortisone sodium succinate (Solu-CORTEF) injection 200 mg once for 1 dose Dose: 200 mg Route: intravenous Start: S Instructions: Administer via slow IV push 30 minutes prior to ofatumumab. Chemotherapy ofatumumab (ARZERRA) 2,000 mg in sodium chloride 0.9 % 1,000 mL IVPB Dose: 2,000 mg Route: intravenous once for 1 dose Offset: 30 Minutes Instructions: Infuse per manufacturer recommended infusion instructions. Protect from light. Do not administer until at least 1 hour after pre-medications. Ingredients: Selected Adds Vol. Name Type Dose OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient INTRAVENOUS SOLUTION SODIUM QS Base 900 mL Yes Yes CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

Days 22,29,36,43,50

Perform every 7 days x5

Labs

	Interval: Once	Occurrences:						
	☑ COMPREHENSIVE METABOLIC PANEL							
	Interval: Once	Occurrences:						
	✓ MAGNESIUM LEVEL							
	Interval: Once	Occurrences:						
	□ LDH							
	Interval: Once	Occurrences:						
	□ URIC ACID LEVEL							
	Interval: Once	Occurrences:						
Nursin	g Orders							
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	ninfusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 o	lose			
Pre-M	edications							
	☑ acetaminophen (TYLENOL) tablet 650 mg							
	Dose: 650 mg	Route: oral	once for 1 do	se				
	Start: S							
	Instructions: Administer 30 minutes	s prior to ofatumumab.						
	dinhenhydrAMINE (RE							
	mg Dose: 25 mg Start: S Instructions:	Route: intravenous / push 30 minutes prior to	once for 1 do	se				
	ofatumumab.	push so minutes prior to						
	hydrocortisone sodiur (Solu-CORTEF) injecti Dose: 200 mg Start: S Instructions: Administer via slow IV ofatumumab.			se				
Chem	otherapy							
	ofatumumab (ARZERF	RA) 2,000 mg in sodium						
	chloride 0.9 % 1,000 m Dose: 2,000 mg	nL IVPB Route: intravenous	once for 1 dose Offset: 30 Minutes					
	Instructions: Infuse per manufactur infusion instructions. I							
	Do not administer unt	il at least 1 hour after						
	pre-medications. Ingredients:	Name OFATUMUMAB 100 MG/5 ML INTRAVENOUS SOLUTION	Type Medications	Dose 2,000 mg		Adds Vol. Yes		
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	900 mL	Yes	Yes		