

IP PANITUMUMAB

Types: ONCOLOGY TREATMENT

Synonyms: COLORECTAL, VECTIBIX, VET, VEX, PAN, GI GASTRO

| 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: If for colorectal cancer, Tumor KRAS gene status should be determined prior to initiation of therapy. | |
| Labs | BASIC METABOLIC PANEL Interval: Once Occurrences: -- | |
| Labs | MAGNESIUM LEVEL Interval: Once Occurrences: -- | |
| Nursing Orders | TREATMENT CONDITIONS 7 Interval: Until discontinued Occurrences: -- Comments: HOLD and notify provider if Magnesium LESS than or EQUAL to 1.7. | |
| 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. | |
| Supportive Care | <input type="radio"/> LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Route: intravenous PRN Start: S | |
| | <input type="radio"/> LORAZepam (ATIVAN) tablet 1 mg Dose: 1 mg Route: oral PRN Start: S | |
| Nursing Orders | ONC NURSING COMMUNICATION Interval: Once Occurrences: -- Comments: Contact Provider if drug-induced acneiform rash develops and covers more than 25 percent of the body. | |
| 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 |

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

Occurrences: --

discontinued
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

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.