

IP PENTOSTATIN

Types: ONCOLOGY TREATMENT

Synonyms: PENTO, HAIRY, CELL, LEUKE, NIPENT, EVERY OTHER, GVHD

Cycle 1	Repeat 1 time	Cycle length: 14 days	Perform every 1 day x1
Day 1			
Provider Communication			
	ONC PROVIDER COMMUNICATION 5		
Interval: Once	Occurrences: --		
Comments:	Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.		
Labs			
	<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: Once	Occurrences: --		
	<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: Once	Occurrences: --		
	<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: Once	Occurrences: --		
	<input type="checkbox"/> LDH		
Interval: Once	Occurrences: --		
	<input type="checkbox"/> URIC ACID LEVEL		
Interval: Once	Occurrences: --		
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.		
Hydration			
	sodium chloride 0.9 % infusion		
Dose: 100 mL/hr	Route: intravenous	continuous	
Start: S			
Chemotherapy			
	pentostatin (NIPENT) 4 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB		
Dose: 4 mg/m2	Route: intravenous	once over 30 Minutes for 1 dose	
		Offset: 30 Minutes	
Instructions:	Drug is an irritant. Observe carefully for signs of local irritation or infiltration. Apply ice if infiltration occurs.		
Ingredients:	Name PENTOSTATIN 10 MG INTRAVENOUS SOLUTION SODIUM	Type Medications Base	Dose 4 mg/m2 50 mL Selected Main Yes Adds Vol. Yes Yes

		CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base WATER (D5W) INTRAVENOUS SOLUTION	50 mL	No	Yes
	Supportive Care	sulfamethoxazole-trimethoprim (BACTRIM SS) 400-80 mg per tablet 1 tablet Dose: 1 tablet Route: oral daily for 14 doses Start: S			
	Supportive Care	acyclovir (ZOVIRAX) tablet 800 mg Dose: 800 mg Route: oral 2 times daily for 28 doses Start: S			
	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).			

Implanted Vascular Access Device
maintenance.