IP RAMUCIRUMAB (EVERY 14 DAYS)

Types:ONCOLOGY TREATMENTSynonyms:CARC, ESOPH, GASTRO, RAMU, CURAMZA, CYRAMZA, JUNCTION, ADENO

Cycle 1	Repeat 1 time Cycle length: 14 days				
Day 1	Perform every 1 day x1				
Nur	Nursing Orders TREATMENT CONDITIONS				
	Interval: Once Occurrences: Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.				
Lab	S				
	Interval: Once Occurrences:				
	CBC WITH PLATELET AND DIFFERENTIAL				
	Interval: Once Occurrences:				
	Interval: Once Occurrences:				
	Interval: Once Occurrences:				
	Interval: Once Occurrences:				
	✓ URINALYSIS, AUTOMATED WITH MICROSCOPY Interval: Once Occurrences:				
Nur	Interval: Once Occurrences: sing Orders				
	TREATMENT CONDITIONS 5 Interval: Once Occurrences: Comments: HOLD and notify provider if PROTEIN 2+ is detected in Urinalysis.				
Nur	sing Orders				
	TREATMENT CONDITIONS 4Interval: OnceOccurrences:Comments:Occurrences: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 limit of normal; Magnesium LESS than or EQUAL to 1.7.				
Line	P Flush				
	sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S				
Nur	sing 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				

		diphenhydrAMINE (BEI mg	NADRYL) injection 25				
		0	Route: intravenous	once for 1 dos			
		Instructions:		Offset: 0 Hou	rs		
			push 30 minutes prior to)			
		diphenhydrAMINE (BEI					
		sodium chloride 0.9 % Dose: 50 mg	Route: intravenous	once over 15	Minutes for	r 1 dose	
		Instructions		Offset: 0 Hou	rs		
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		Ingredients:	Name DIPHENHYDRAMIN	Type Modioations	Dose 50 mg	Selected Main	Adds Vol. No
			E 50 MG/ML	Medications	50 mg	Ingredient	
			INJECTION SOLUTION				
			SODIUM	Base	50 mL	Yes	Yes
			CHLORIDE 0.9 % INTRAVENOUS				
			SOLUTION	_			
			DEXTROSE 5 % IN WATER (D5W)	Base	50 mL	No	Yes
			INTRAVENOUS				
			SOLUTION				
		diphenhydrAMINE (BEI	, .				
		Dose: 25 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		diphenhydrAMINE (BEI	NADRYL) tablet 50 mg				
		Dose: 50 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions:	prior to chemotherapy.				
		famotidine (PEPCID) 20					
		mg Dose: 20 mg	Route: intravenous	onco for 1 do	20		
		U		once for 1 dose Offset: 0 Hours			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		famotidine (PEPCID) ta	-				
		U	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
	\checkmark	acetaminophen (TYLEN	NOL) tablet 650 mg				
		Dose: 650 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions:	prior to chamatherapy				
Chem	Administer 30 minutes prior to chemotherapy. Chemotherapy						
2		ramucirumab (CYRAMZ					
		chloride 0.9 % 250 mL o Dose: 8 mg/kg	chemo IVPB Route: intravenous	once over 60 Offset: 30 Mir		r 1 dose	
				Choel. OU IVIII	10103		

	Instructions: Use of a 0.22 micron p recommended.	protein sparing filter is					
	Ingredients:	Name RAMUCIRUMAB 10 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Type Medications QS Base	Dose 8 mg/kg	Selected Main Ingredient Yes	Adds Vol. Yes Yes	
Supportive	Care						
0	promethazine (PHENE	RGAN) injection 12.5 m	g				
	Dose: 12.5 mg Start: S	Route: injection	every 6 hours	PRN			
Hematolog	y & Oncology Hypersen	sitivity Reaction Standing	g Order				
	ONC NURSING COMM Interval: Until discontinued		y v · · · · ·				
	ONC NURSING COMM	 only – itching, flushing, 1. Stop the infusion. 2. Place the patient on of 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equ Diphenhydramine, administer once. 6. If less than 30 minute administer Fexofenadiminister Fexofenadiminister Fexofenadiminister 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs even otherwise ordered by content of the second s	after 15 minutes, advance level of care to Grade 2 3 (Severe). every 15 minutes until resolution of symptoms or				
	Interval: Until discontinued Comments:	Occurrences: Grade 2 – MODERATE gastrointestinal symptor vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenao intravenous once.	E Symptoms (cardiovascular, respiratory, or oms – shortness of breath, wheezing, nausea, aphoresis, throat or chest tightness, abdominal am and treating physician immediately. In continuous monitoring. at 2 L per minute via nasal cannula. Titrate to in of greater than or equal to 92%. Saline at 150 mL per hour using a new bag and g. ortisone 100 mg intravenous (if patient has allerg ase administer Dexamethasone 4 mg adine 180 mg orally and Famotidine 20 mg after 15 minutes. advance level of care to Grade				

		(Severe). 9. Assess vital signs ev otherwise ordered by c	very 15 minutes until resolution of symptoms or overing physician.		
	ONC NURSING COMM Interval: Until discontinued Comments:	 AUNICATION 4 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) Stop the infusion. Notify the CERT team and treating physician immediately. Place the patient on continuous monitoring. Obtain vital signs. 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. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once. Administer Epinephrine (1:1000) 0.3 mg subcutaneous. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. 			
	diphenhydrAMINE (Bl mg Dose: 25 mg Start: S	ENADRYL) injection 25 Route: intravenous	PRN		
	fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN		
		20 mg/2 mL injection 20			
	mg Dose: 20 mg Start: S	Route: intravenous	PRN		
	hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN		
	Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN		
	epINEPHrine (ADREN injection syringe 0.3 r Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADU ng Route: subcutaneous	LT PRN		
Disch	arge Nursing Orders				
	🖌 sodium chloride 0.9 %	6 flush 20 mL			
	Dose: 20 mL	Route: intravenous	PRN		
	HEParin, porcine (PF)	injection 500 Units			
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN		

