

IP ROMIDEPSIN

Types: ONCOLOGY TREATMENT

Synonyms: ROMID, ROME, ISTOD, TODD, LYM, CUTAN, T-CELL, TCELL

Cycle 1	Repeat 1 time	Cycle length: 28 days
Day 1	Perform every 1 day x1	
	Provider Communication	
	ONC PROVIDER COMMUNICATION 56 Interval: Once Occurrences: -- Comments: Please note pharmacy needs at least 48 hours notification to order medication.	
	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: --	
	Nursing Orders	
	TREATMENT CONDITIONS 7 Interval: Once Occurrences: -- Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.	
	Electrolyte Replacement	
	TREATMENT CONDITIONS 16 Interval: Until discontinued Occurrences: -- Comments: <ul style="list-style-type: none">o Serum magnesium 1.4 - 1.9mEq/L, supplement as below and OK to then give Romidepsin (if QTc <480).o Serum magnesium 1.7 - 1.9mEq/L, give 2 grams magnesium sulfate IV.o Serum magnesium 1.4 - 1.6mEq/L, give 4 grams magnesium sulfate IV.o Serum magnesium less than 1.4mEq/L, Call MD/NP. o Serum potassium 3.3 - 3.9mEq/L, supplement as below and then OK to give Istodax (if QTc <480).o Serum potassium 3.6 - 3.9mEq/L, give 40mEq KCL PO.o Serum potassium 3.3 - 3.5mEq/L, give 40 mEq KCL IV and 40	

mEq KCl PO.

o Serum potassium less than 3.3mEq/L, Call MD/NP.

o EKG must be done prior to each dose-Must document the QTc - perform AFTER electrolyte supplementation.

o QTc >480, call MD; otherwise OK to give Romidepsin.

magnesium sulfate IV 2 g

Dose: 2 g

Route: intravenous

once PRN

Start: S

magnesium sulfate IV 4 g

Dose: 4 g

Route: intravenous

once PRN

Start: S

potassium chloride (K-DUR) CR tablet 40 mEq

Dose: 40 mEq

Route: oral

once PRN

Start: S

**potassium chloride 20 mEq in 100 mL IVPB
(FOR CENTRAL LINE ONLY)**

Dose: 20 mEq

Route: intravenous

every 1 hour prn over 60 Minutes for 2 doses

Start: S

Nursing Orders

TREATMENT CONDITIONS 14

Interval: Once

Occurrences: --

Comments:

EKG must be done prior to each dose -- perform AFTER electrolyte supplementation. For QTc >480 msec, call MD; otherwise OK to give Istodax if QTc < 480 msec.

ECG 12-LEAD

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.

Pre-Medications

☒ **ondansetron (ZOFTRAN) injection 8 mg**

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

☐ **ondansetron (ZOFTRAN) 16 mg in dextrose 5%
50 mL IVPB**

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Main No
Ingredient

DEXTROSE 5 % IN Base

50 mL

Always Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once

Occurrences: --

Comments:

QTc interval MUST BE VERIFIED PRIOR to administering romiDEPsIn.

Chemotherapy

romiDEPsIn (ISTODAX) 14 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 14 mg/m2

Route: intravenous

once over 4 Hours for 1 dose

Offset: 30 Minutes

Instructions:

QTc interval must be verified prior to each dose.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ROMIDEPSIN 10
MG/2 ML
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Medications

14 mg/m2

Main

Yes

Ingredient

QS Base

500 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 Oxvaen at 2 L per minute via nasal cannula. Titrate to

maintain O2 saturation of greater than or equal to 92%.

- Administer Normal Saline at 150 mL per hour 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), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
- If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
- 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)

- 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 (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

☒ **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 8,15

Perform every 7 days x2

Provider Communication

ONC PROVIDER COMMUNICATION 56

Interval: Once

Occurrences: --

Comments:

Please note pharmacy needs at least 48 hours notification to order medication.

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

TREATMENT CONDITIONS 14

Interval: Once

Occurrences: --

Comments:

EKG must be done prior to each dose -- perform AFTER electrolyte supplementation. For QTc >480 msec, call MD; otherwise OK to give Istodax if QTc < 480 msec.

ECG 12-LEAD

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

☒ **ondansetron (ZOFran) injection 8 mg**

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

☐ **ondansetron (ZOFran) tablet 16 mg**

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

○ **ondansetron (ZOFTRAN) 16 mg in dextrose 5%
50 mL IVPB**

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Main

No

Ingredient

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once

Occurrences: --

Comments:

QTc interval MUST BE VERIFIED PRIOR to administering romiDEPsin.

Chemotherapy

**romiDEPsin (ISTODAX) 14 mg/m2 in sodium
chloride 0.9 % 500 mL chemo IVPB**

Dose: 14 mg/m2

Route: intravenous

once over 4 Hours for 1 dose

Offset: 30 Minutes

Instructions:

QTc interval must be verified prior to each
dose.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ROMIDEPSIN 10
MG/2 ML
INTRAVENOUS
SOLUTION

Medications

14 mg/m2

Main

Yes

Ingredient

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

500 mL

Yes

Yes