

IP XELIRI / CETUXIMAB (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: XELIRI, CETUX, CETUXIMAB, ERBI, ERBITUX, IRINOTECAN, CAMPTOSAR, IRIN, GASTRO, COLORECTAL , GI

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1	Perform every 1 day x1	
Provider Communication		
ONC PROVIDER COMMUNICATION 2		
Interval: Once Occurrences: --		
Comments: Tumor KRAS gene status should be determined prior to initiation of therapy. KRAS type: Please Push F2:115540219.		
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 4		
Interval: Once Occurrences: --		
Comments: 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 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

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to cetuximab.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone☒ **(DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

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

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

End: S 11:30 AM

☐ **dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

☐ **aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**APREPITANT 7.2
MG/ML
INTRAVENOUS
EMULSION

Medications

130 mg

Main

Yes

Ingredient

DEXTROSE 5 % IN
WATER (D5W) IV
SOLP (EXCEL;
NON-PVC)

Base

130 mL

Yes

Yes

SODIUM
CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

Base

130 mL

No

Yes

Pre-Medications

atropine injection 0.25 mg

Dose: 0.25 mg Route: intravenous once for 1 dose
Start: S

Supportive Care

☐ **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous PRN
Start: S

☐ **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

cetuximab (ERBITUX) 400 mg/m2 in 0 mL

Dose: 400 mg/m2 Route: intravenous once over 120 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. 1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes. Rate of infusion not to exceed 10 mg/minute (5 mL/minute).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	400 mg/m2	Main Ingredient	Yes

capecitabine (XELODA) chemo tablet 850 mg/m2 (Treatment Plan)

Dose: 850 mg/m2 Route: oral 2 times daily for 28 doses
Offset: 2.5 Hours

Instructions:

Day 1-14. DO NOT CUT OR CRUSH TABLET. HAZARDOUS Handle with care.

irinotecan (CAMPTOSAR) 175 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 175 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 2.5 Hours

Instructions:

Protect from light

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	175 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	SODIUM	QS Base	500 mL	No	Yes

CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Supportive Care

atropine injection 0.25 mg

Dose: 0.25 mg

Route: intravenous

PRN

Start: S

Nursing Orders

ONC NURSING COMMUNICATION 15

Interval: Once

Occurrences: --

Comments:

Verify that the patient has appropriate prescription for oral chemotherapy medication.

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 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 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.

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 4

Interval: Once

Occurrences: --

Comments:

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.

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

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to cetuximab.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

☒ (DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

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

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)

Base

No

Yes

INTRAVENOUS
SOLUTION

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

Dose: 16 mg
Start: S

Route: oral
End: S 11:30 AM

once for 1 dose

☐ **dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg
Start: S

Route: oral

once for 1 dose

☐ **aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg
Start: S

Route: intravenous
End: S

once over 30 Minutes for 1 dose

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

APREPITANT 7.2
MG/ML

Medications

130 mg

Main

Yes

Ingredient

INTRAVENOUS
EMULSION

DEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)

SODIUM
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP

(EXCEL;NON-PVC)

Pre-Medications

atropine injection 0.25 mg

Dose: 0.25 mg
Start: S

Route: intravenous

once for 1 dose

Supportive Care

☐ **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg
Start: S

Route: intravenous

PRN

☐ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg
Start: S

Route: oral

PRN

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

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion.

Rate of infusion not to exceed 10 mg/minute (5 mL/minute).

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	250 mg/m2	Main Ingredient	Yes
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Supportive Care

atropine injection 0.25 mg

Dose: 0.25 mg

Route: intravenous

PRN

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.
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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

Occurrences: --

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%.
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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