

IP XELIRI (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: XELIRI, CELERY, CAPECITABINE, IRINOTECAN, IRINO, IRENE, CAMPTOSAR, XELODA, ZELODA, COLORECTAL

Cycle 1	Repeat 1 time	Cycle length: 21 days																				
Day 1	Perform every 1 day x1																					
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																						
ondansetron (ZOFTRAN) 16 mg, dexamethasone																						
<input checked="" type="checkbox"/> (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:																						
<table><tr><td>Name</td><td>Type</td><td>Dose</td><td>Selected</td><td>Adds Vol.</td></tr><tr><td>ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION</td><td>Medications</td><td>16 mg</td><td>Yes</td><td>No</td></tr><tr><td>DEXAMETHASONE 4 MG/ML INJECTION SOLUTION</td><td>Medications</td><td>12 mg</td><td>Yes</td><td>No</td></tr><tr><td>SODIUM</td><td>Base</td><td>50 mL</td><td>Always</td><td>Yes</td></tr></table>			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	Base	50 mL	Always	Yes
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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	Base	50 mL	Always	Yes																		

CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	No	Yes
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☐ **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 Ingredient	Yes
	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 PRN
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

Chemotherapy

capecitabine (XELODA) chemo tablet 1,000 mg/m2 (Treatment Plan)

Dose: 1,000 mg/m2 Route: oral 2 times daily for 28 doses
Offset: 30 Minutes

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

irinotecan (CAMPTOSAR) 250 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 250 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	250 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

Supportive Care

loperamide (IMODIUM) capsule 4 mg

Dose: 4 mg

Route: oral

every 6 hours PRN

Start: S

Instructions:

At first diarrhea then loperamide 2 mg oral every 2 hours and then loperamide 4 mg oral every 4 hours at night, continue until diarrhea-free for 12 hours. Use of loperamide is not to exceed 48 hours.

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

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%.
 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.