

IP XELOX + BEVACIZUMAB (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: XELOX, CAPECITABINE, CAB, OXALOPLATIN, ELOXATIN, XELODA, COLORECTAL, GI, GASTRO, BEV, AVAST, BEVACIZUMAB

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1	Perform every 1 day x1	
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.		
Labs		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
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: --		
<input checked="" type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: Once Occurrences: --		
Nursing Orders		
TREATMENT CONDITIONS 5		
Interval: Once Occurrences: --		
Comments: HOLD and notify provider if PROTEIN 2+ is detected in Urinalysis.		
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		
dextrose 5% flush syringe 20 mL		
Dose: 20 mL Route: intravenous PRN		
Start: S		
Instructions: Administer ONLY for Oxaliplatin.		
sodium chloride 0.9 % flush 20 mL		
Dose: 20 mL Route: intravenous PRN		
Start: S		
Instructions: Do NOT administer with Oxaliplatin.		

Nursing Orders

dextrose 5% infusion 250 mL

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open for Oxaliplatin.

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. Do NOT administer with Oxaliplatin.

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

Medications

130 mg

Main

Yes

Inredient

INTRAVENOUS EMULSION 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

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

bevacizumab (AVASTIN) 7.5 mg/kg in sodium chloride 0.9 % 100 mL IVPB

Dose: 7.5 mg/kg	Route: intravenous	once over 30 Minutes for 1 dose Offset: 30 Minutes
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Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BEVACIZUMAB 25 MG/ML	Medications	7.5 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

OXALIplatin (ELOXATIN) 130 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 130 mg/m2	Route: intravenous	once over 120 Minutes for 1 dose Offset: 1 Hours
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Instructions:

Irritant - avoid extravasation. Flush line with D5W before and after oxaliplatin infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	OXALIPLATIN 100 MG/20 ML	Medications	130 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

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

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

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

Nursing Orders

ONC NURSING COMMUNICATION 11

Interval: Once	Occurrences: --
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Comments: Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

ONC NURSING COMMUNICATION 12

Interval: Once

Occurrences: --

Comments:

Assess and notify provider for persistent neuropathy (Grade 2).

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

Nursing Orders**ONC NURSING COMMUNICATION 15**

Interval: Once Occurrences: --
Comments: Verify that the patient has appropriate prescription for oral chemotherapy medication.

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.