

## IP XELOX (EVERY 21 DAYS) + CETUXIMAB D1, 8, 15

Types: ONCOLOGY TREATMENT

Synonyms: COLORECTAL, GI, GASTRO, CETUX, ERBI, ERBY, CAPE, XELODA, ZELODA, OXALIPLATIN, ELOXATIN, XELOX

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>		Perform every 1 day x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 2</b> Interval: Once      Occurrences: -- Comments:            Tumor KRAS gene status should be determined prior to initiation of therapy.    KRAS type: Please Push F2:115540219.		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b> Interval: Once      Occurrences: --		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b> Interval: Once      Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b> Interval: Once      Occurrences: --		
<input type="checkbox"/> <b>LDH</b> Interval: Once      Occurrences: --		
<input type="checkbox"/> <b>URIC ACID LEVEL</b> Interval: Once      Occurrences: --		
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 4</b> 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.		
<b>Line Flush</b>		
<b>dextrose 5% flush syringe 20 mL</b> Dose: 20 mL      Route: intravenous      PRN Start: S Instructions: Administer ONLY for Oxaliplatin.		
<b>sodium chloride 0.9 % flush 20 mL</b> Dose: 20 mL      Route: intravenous      PRN Start: S Instructions: Do NOT administer with Oxaliplatin.		
<b>Nursing Orders</b>		
<b>dextrose 5% infusion 250 mL</b> Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open for Oxaliplatin.		
<b>sodium chloride 0.9 % infusion 250 mL</b> 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 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	Base	130 mL	No	Yes

(EXCEL;NON-PVC)

Pre-Medications

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once for 1 dose  
Start: S  
Instructions:  
Give 30 minutes prior to cetuximab.

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

**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 on Day 1. 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.

**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: 2.5 Hours

Instructions:  
Irritant - avoid extravasation. Flush line with D5W before and after oxaliplatin infusion. Administer on Day 1.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	OXALIPLATIN 100 MG/20 ML INTRAVENOUS SOLUTION	Medications	130 mg/m2	Main Ingredient	Yes

DEXTROSE 5 % IN QS Base 500 mL Yes Yes  
WATER (D5W)  
INTRAVENOUS  
SOLUTION

Nursing Orders

**ONC NURSING COMMUNICATION 11**

Interval: Once

Occurrences: --

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).

Nursing Orders

**ONC NURSING COMMUNICATION 15**

Interval: Once

Occurrences: --

Comments:

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

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.

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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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  
Start: S

Route: intravenous PRN

#### **fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg  
Start: S

Route: oral PRN

#### **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg  
Start: S

Route: intravenous PRN

#### **hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg

Route: intravenous PRN

#### **dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg  
Start: S

Route: intravenous PRN

#### **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.

Days 8,15

Perform every 7 days x2

Labs

**BASIC METABOLIC PANEL**

Interval: Once      Occurrences: --

Labs

**MAGNESIUM LEVEL**

Interval: Once      Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until      Occurrences: --

discontinued

Comments:

HOLD and notify provider if 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.

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

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.

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

**Nursing Orders**

**ONC NURSING COMMUNICATION 15**

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

**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.

**Cycle 2** Repeat 1 time Cycle length: 21 days Perform every 1 day x1

**Day 1**

**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.

**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 (ZOFRAN) 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 (ZOFRAN) 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	Medications	130 mg	Main	Yes



MG/ML				Ingredient
INTRAVENOUS EMULSION				
DEXTROSE 5 % IN	Base	130 mL	Yes	Yes
WATER (D5W) IV SOLP (EXCEL; NON-PVC)				
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

**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

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

Dose: 850 mg/m2                      Route: oral                                      2 times daily for 28 doses  
Offset: 1.5 Hours

Instructions:

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

**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: 1.5 Hours

Instructions:

Irritant - avoid extravasation. Flush line with D5W before and after oxaliplatin infusion. Administer on Day 1.

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

## SOLUTION

### Nursing Orders

#### **ONC NURSING COMMUNICATION 11**

Interval: Once

Occurrences: --

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).

### Nursing Orders

#### **ONC NURSING COMMUNICATION 15**

Interval: Once

Occurrences: --

Comments:

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

### 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.

### 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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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

**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

Labs

**BASIC METABOLIC PANEL**

Interval: Once                      Occurrences: --

Labs

**MAGNESIUM LEVEL**

Interval: Once                      Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until                      Occurrences: --  
discontinued

Comments:                      HOLD and notify provider if 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.

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

**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)

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	250 mg/m2	Main Ingredient	Yes

Nursing Orders

**ONC NURSING COMMUNICATION 15**

Interval: Once

Occurrences: --

Comments:

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

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.