Protocol Index

OP ALEMTUZUMAB

Types: ONCOLOGY TREATMENT
Synonyms: LEUKE, ALEMT, ALEMI, INDUCTI, CAMPA, INDUC

Take-Home Medications Repeat 1 time Cycle length: 1 day

Day 1 Perform every 1 day x1

Take-Home Medications Prior to Treatment

sulfamethoxazole-trimethoprim (BACTRIM SS) 400-80 mg per tablet
Dose: -- Route: oral
Dispense: -- Refills: --
Start: S
Comments:
For infection prevention.
Instructions:
For infection prevention.

Take-Home Medications Prior to Treatment

acyclovir (ZOVIRAX) 800 MG tablet
Dose: -- Route: oral
Dispense: -- Refills: --
Start: S
Comments:
For infection prevention.
Instructions:
For infection prevention.

Take-Home Medications Prior to Treatment

fluconazole (DIFLUCAN) 200 MG tablet
Dose: -- Route: oral
Dispense: -- Refills: --
Start: S
Comments:
For infection prevention.
Instructions:
For infection prevention.

Cycle 1 Repeat 1 time Cycle length: 28 days

Day 1 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- Occurrences: --

☐ **LDH**
Interval: -- Occurrences: --

☐ **URIC ACID LEVEL**
Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 25

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 500; Platelets LESS than 50,000.

Provider Communication

ONC PROVIDER COMMUNICATION 17

Interval: -- Occurrences: --

Comments: First occurrence ANC less than 250 and/or platelets less than 25,000: Hold dose. Do not resume at prior dose until ANC greater than 500 and platelet greater than 50,000.

Second occurrence ANC less than 250 and/or platelets less than 25,000: Decrease dose to 10 mg/kg.

Third occurrence ANC less than 250 and/or platelets less than 25,000: Consider discontinuation.

Nursing Orders

ONC NURSING COMMUNICATION 66

Interval: -- Occurrences: --

Comments: Vitals must be measured and documented before infusion, midway through infusion, immediately after infusion, and 1 hour after infusion. Vitals should include blood pressure, heart rate, respiratory rate, and temperature.

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
Instructions:
Administer 30 minutes prior to chemotherapy.

Pre-Medications

diphenhydrAMINE (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 16

Interval: Until discontinued Occurrences: --
Comments: Dose escalation is required at the start of treatment and if greater than or equal to 7 days have elapsed between doses.

Chemotherapy

◉ **alemtuzumab (CAMPATH) 3 mg in sodium chloride 0.9 % 100 mL IVPB**

Dose: 3 mg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes
Instructions:
Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	3 mg	Main Ingredient	Yes
SODIUM	Base	100 mL	Yes	Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION				
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

○ **alemtuzumab (CAMPATH) chemo injection 3 mg**

Dose: 3 mg   Route: subcutaneous   once for 1 dose
Offset: 30 Minutes

Instructions:

Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Post-Hydration

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL   Route: intravenous   once @ 500 mL/hr for 1 dose
Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --   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 4

Interval: --   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 83
Interval: -- 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

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: --
Comments: Discontinue IV.

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.

Day 3 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- Occurrences: --

☐ **LDH**
Interval: -- Occurrences: --

☐ **URIC ACID LEVEL**
Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39
Interval: -- Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40
Interval: -- Occurrences: --
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 25

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 500; Platelets LESS than 50,000.

Provider Communication

ONC PROVIDER COMMUNICATION 17

Interval: -- Occurrences: --

Comments: First occurrence ANC less than 250 and/or platelets less than 25,000: Hold dose. Do not resume at prior dose until ANC greater than 500 and platelet greater than 50,000.

Second occurrence ANC less than 250 and/or platelets less than 25,000: Decrease dose to 10 mg/kg.

Third occurrence ANC less than 250 and/or platelets less than 25,000: Consider discontinuation.

Nursing Orders

ONC NURSING COMMUNICATION 66

Interval: -- Occurrences: --

Comments: Vitals must be measured and documented before infusion, midway through infusion, immediately after infusion, and 1 hour after infusion. Vitals should include blood pressure, heart rate, respiratory rate, and temperature.

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Pre-Medications

diphenhydrAMINE (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose

Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 16

Interval: Until discontinued Occurrences: --

Comments: Dose escalation is required at the start of treatment and if greater than or equal to 7 days have elapsed between doses.

Chemotherapy

alemtuzumab (CAMPATH) 10 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: 10 mg | Route: intravenous | once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	10 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

Post-Hydration

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL | Route: intravenous | once @ 500 mL/hr for 1 dose
Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: -- | 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 4

Interval: -- | 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 83

Interval: -- 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

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: --
Comments: Discontinue IV.

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.

Day 5 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- Occurrences: --

☐ **LDH**
Interval: -- Occurrences: --

☐ **URIC ACID LEVEL**
Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39
Interval: -- Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 25

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 500; Platelets LESS than 50,000.

Provider Communication

ONC PROVIDER COMMUNICATION 17

Interval: -- Occurrences: --

Comments: First occurrence ANC less than 250 and/or platelets less than 25,000: Hold dose. Do not resume at prior dose until ANC greater than 500 and platelet greater than 50,000.

Second occurrence ANC less than 250 and/or platelets less than 25,000: Decrease dose to 10 mg/kg.

Third occurrence ANC less than 250 and/or platelets less than 25,000: Consider discontinuation.

Nursing Orders

ONC NURSING COMMUNICATION 66

Interval: -- Occurrences: --

Comments: Vitals must be measured and documented before infusion, midway through infusion, immediately after infusion, and 1 hour after infusion. Vitals should include blood pressure, heart rate, respiratory rate, and temperature.

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Pre-Medications

diphenhydrAMINE (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL | Route: intravenous | once @ 500 mL/hr for 1 dose
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 16

Interval: Until discontinued | Occurrences: --

Comments: Dose escalation is required at the start of treatment and if greater than or equal to 7 days have elapsed between doses.

Chemotherapy

alemtuzumab (CAMPATH) 30 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: 30 mg | Route: intravenous | once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	30 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

Post-Hydration

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL | Route: intravenous | once @ 500 mL/hr for 1 dose
Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: -- | 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 4

Interval: -- 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 83

Interval: -- 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

ONC NURSING COMMUNICATION 76
Interval: -- | Occurrences: --
Comments: Discontinue IV.

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 8,10,12 — Perform every 2 days x3

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- | Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- | Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- | Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- | Occurrences: --

☐ **LDH**
Interval: -- | Occurrences: --

☐ **URIC ACID LEVEL**
Interval: -- | Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39
Interval: -- | Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP

o Protocol applies only to same day lab value.
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 25

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 500; Platelets LESS than 50,000.

Provider Communication

ONC PROVIDER COMMUNICATION 17

Interval: -- Occurrences: --

Comments: First occurrence ANC less than 250 and/or platelets less than 25,000: Hold dose. Do not resume at prior dose until ANC greater than 500 and platelet greater than 50,000.

Second occurrence ANC less than 250 and/or platelets less than 25,000: Decrease dose to 10 mg/kg.

Third occurrence ANC less than 250 and/or platelets less than 25,000: Consider discontinuation.

Nursing Orders

ONC NURSING COMMUNICATION 66

Interval: -- Occurrences: --

Comments: Vitals must be measured and documented before infusion, midway through infusion, immediately after infusion, and 1 hour after infusion. Vitals should include blood pressure, heart rate, respiratory rate, and temperature.

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg
Dose: 650 mg   Route: oral   once for 1 dose
Start: S
Instructions:
Administer 30 minutes prior to chemotherapy.

Pre-Medications

diphenhydrAMINE (BENADRYL) tablet 50 mg
Dose: 50 mg   Route: oral   once for 1 dose
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL
Dose: 500 mL   Route: intravenous   once @ 500 mL/hr for 1 dose
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 16
Interval: Until discontinued   Occurrences: --
Comments: Dose escalation is required at the start of treatment and if greater than or equal to 7 days have elapsed between doses.

Chemotherapy

alemtuzumab (CAMPATH) 30 mg in sodium chloride 0.9 % 100 mL IVPB
Dose: 30 mg   Route: intravenous   once over 2 Hours for 1 dose
Offset: 30 Minutes
Instructions:
Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Ingredients:

Name	**Type**	**Dose**	**Selected**	**Adds Vol.**
ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	30 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

Post-Hydration

sodium chloride 0.9 % infusion 500 mL
Dose: 500 mL   Route: intravenous   once @ 500 mL/hr for 1 dose
Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82
Interval: --   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 4

Interval: -- 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 83

Interval: -- 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

ONC NURSING COMMUNICATION 76
Interval: -- | Occurrences: --
Comments: | Discontinue IV.

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 15,17,19 Perform every 2 days x3

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- | Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- | Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- | Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- | Occurrences: --

☐ **LDH**
Interval: -- | Occurrences: --

☐ **URIC ACID LEVEL**

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 25

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 500; Platelets LESS than 50,000.

Provider Communication

ONC PROVIDER COMMUNICATION 17

Interval: -- Occurrences: --

Comments: First occurrence ANC less than 250 and/or platelets less than 25,000: Hold dose. Do not resume at prior dose until ANC greater than 500 and platelet greater than 50,000.

Second occurrence ANC less than 250 and/or platelets less than 25,000: Decrease dose to 10 mg/kg.

Third occurrence ANC less than 250 and/or platelets less than 25,000: Consider discontinuation.

Nursing Orders

ONC NURSING COMMUNICATION 66

Interval: -- Occurrences: --

Comments: Vitals must be measured and documented before infusion, midway through infusion, immediately after infusion, and 1 hour after infusion. Vitals should include blood pressure, heart rate, respiratory rate, and temperature.

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Pre-Medications

diphenhydrAMINE (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose

Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 16

Interval: Until discontinued Occurrences: --

Comments: Dose escalation is required at the start of treatment and if greater than or equal to 7 days have elapsed between doses.

Chemotherapy

alemtuzumab (CAMPATH) 30 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: 30 mg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	30 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

Post-Hydration

sodium chloride 0.9 % infusion 500 mL
Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose
Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82
Interval: -- 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 4
Interval: -- 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 83
Interval: -- 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

ONC NURSING COMMUNICATION 76
Interval: -- | Occurrences: --
Comments: Discontinue IV.

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 22,24,26 — Perform every 2 days x3

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- | Occurrences: --

Labs

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- | Occurrences: --

☑ **COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

☑ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **LDH**

Interval: -- Occurrences: --

☐ **URIC ACID LEVEL**

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 25

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 500; Platelets LESS than 50,000.

Provider Communication

ONC PROVIDER COMMUNICATION 17

Interval: -- Occurrences: --

Comments: First occurrence ANC less than 250 and/or platelets less than 25,000: Hold dose. Do not resume at prior dose until ANC greater than 500 and

platelet greater than 50,000.

Second occurrence ANC less than 250 and/or platelets less than 25,000: Decrease dose to 10 mg/kg.

Third occurrence ANC less than 250 and/or platelets less than 25,000: Consider discontinuation.

Nursing Orders

ONC NURSING COMMUNICATION 66

Interval: -- Occurrences: --

Comments: Vitals must be measured and documented before infusion, midway through infusion, immediately after infusion, and 1 hour after infusion. Vitals should include blood pressure, heart rate, respiratory rate, and temperature.

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Pre-Medications

diphenhydrAMINE (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous once @ 500 mL/hr for 1 dose

Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 16

Interval: Until discontinued Occurrences: --

Comments: Dose escalation is required at the start of treatment and if greater than or equal to 7 days have elapsed between doses.

Chemotherapy

alemtuzumab (CAMPATH) 30 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: 30 mg Route: intravenous once over 2 Hours for 1 dose
Offset: 30 Minutes

Instructions:

Risk for reaction is highest in the initial week of treatment, decreasing with subsequent doses. If there is a treatment break of greater than or equal to 7 days, re-introduce medication at lower dose and gradually escalate up.

Assess for reaction post injection. The observation period should not have other infusions running if they are known to cause a reaction.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	30 mg	Main Ingredient	Yes

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

Post-Hydration

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL　Route: intravenous　once @ 500 mL/hr for 1 dose
Start: S

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --　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 4

Interval: --　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 83

Interval: --　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

ONC NURSING COMMUNICATION 76
Interval: -- | Occurrences: --
Comments: Discontinue IV.

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.