OP ALEMTUZUMAB

Types: ONCOLOGY TREATMENT

Synonyms: LEUKE, ALEMT, ALEMI, INDUCTI, CAMPA, INDUC

| | | | cations | Repeat 1 time | | Cycle length: 1 day | |
|-------|-------|---------|-----------------------------------|-------------------------------------------------------------------|------------|-----------------------|------------------------|
| | Day 1 | | | | | | Perform every 1 day x1 |
| | | I ake-I | sulfamet | tions Prior to Treatment hoxazole-trimethoprin g per tablet | | | |
| | | | Dose: Dispense | Route: d | | | |
| | | | Start: S Comment | | | | |
| | | | | ection prevention. | | | |
| | | | For infe | ection prevention. | | | |
| | | Take-l | | tions Prior to Treatment (ZOVIRAX) 800 MG ta | | | |
| | | | Dose: | Route: d | oral | | |
| | | | Dispense Start: S | : Refills: - | · - | | |
| | | | Comment For infe | ts: ection prevention. | | | |
| | | | Instruction | | | | |
| | | Take-l | | tions Prior to Treatment | | | |
| | | rano i | fluconaz | ole (DIFLUCAN) 200 M | IG tablet | | |
| | | | Dose: Dispense | Route: c | | | |
| | | | Start: S Commen | ts. | | | |
| | | | For infe | ection prevention. | | | |
| | | | Instruction For infe | ection prevention. | | | |
| Cycle | 1 | | | Repeat 1 time | | Cycle length: 28 days | |
| | Day 1 | | alaa ah Daara | .1. | | | Perform every 1 day x1 |
| | | Appoir | ntment Reque | sis N appointment rec | QUEST | | |
| | | | Interval: - | | | | |
| | | Labs | | | | | |
| | | | _ | H PLATELET AND DI | | | |
| | | | Interval: - | | | | |
| | | | | HENSIVE METABOLI | | | |
| | | | Interval: - | | ences: | | |
| | | | ✓ MAGNES | | | | |
| | | | Interval: - | - Occurre | ences: | | |
| | | | □ LDH | | | | |
| | | | | _ | | | |
| | | | Interval: - | | ences: | | |
| | | | Interval: - URIC AC Interval: - | ID LEVEL | | | |

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 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

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"

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 Occurrences: --

discontinued

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 Medications 3 mg

MG/ML

INTRAVENOUS SOLUTION

SODIUM Base 100 mL Yes Yes

Main

Ingredient

Yes

CHLORIDE 0.9 % **INTRAVENOUS**

SOLUTION

DEXTROSE 5 % IN Base

100 mL No Yes

WATER (D5W) **INTRAVENOUS** SOLUTION

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

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

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 Start: S Route: intravenous

PRN

otart. C

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 **PRN** Dose: 20 mL Route: intravenous ☑ 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: --Potassium (Normal range 3.5 to 5.0mEg/L) Comments: Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP 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 Serum potassium 3.0 to 3.2mEg/L, give 40mEg KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Serum potassium 3.5 mEq/L or greater, do not give potassium replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign required **TREATMENT CONDITIONS 40** Interval: --Occurrences: --Comments: Magnesium (Normal range 1.6 to 2.6mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact 0 MD/NP Protocol applies only to same day lab value. 0 Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP

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 Occurrences: --

discontinued

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 | туре | Dose | Selected | Adds Vol. |
|--------------|-----------------|-------------|--------|------------|-----------|
| _ | ALEMTUZUMAB 30 | Medications | 10 mg | Main | Yes |
| | MG/ML | | Ü | Ingredient | |
| | INTRAVENOUS | | | Ü | |
| | SOLUTION | | | | |
| | SODIUM | Base | 100 mL | Yes | Yes |
| | CHLORIDE 0.9 % | _ 5.0 5 | | | |
| | INTRAVENOUS | | | | |
| | SOLUTION | | | | |
| | | | | | |
| | DEXTROSE 5 % IN | 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

WATER (D5W) INTRAVENOUS SOLUTION

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

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 **PRN** Route: intravenous

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg **PRN** Route: oral

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

mg

PRN Dose: 20 mg Route: intravenous

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 **PRN** Route: subcutaneous Start: S Discharge Nursing Orders **ONC NURSING COMMUNICATION 76** Interval: --Occurrences: --Comments: Discontinue IV. Discharge Nursing Orders 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 Occurrences: --Interval: --**□ URIC ACID LEVEL** Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEg/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Protocol applies only to same day lab value. 0 Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 0 Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Serum potassium 3.5 mEq/L or greater, do not give potassium 0 replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" 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 Occurrences: --

discontinued

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 | Medications | 30 mg | Main | Yes |
| | MG/ML | | | Ingredient | |
| | INTRAVENOUS | | | | |
| | SOLUTION | | | | |
| | SODIUM | Base | 100 mL | Yes | Yes |
| | CHLORIDE 0.9 % | | | | |
| | INTRAVENOUS | | | | |
| | SOLUTION | | | | |
| | DEXTROSE 5 % IN | Base | 100 mL | No | Yes |
| | WATER (D5W) | | | | |
| | INTRAVENOUS | | | | |

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.

SOLUTION

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 Start: S Route: intravenous

PRN

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

Start: S

| | | | famotidine (PEPCID) 20 | ma/2 ml injection 20 | | |
|------|--------|--------------|-----------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------|
| | | | mg | o mg/2 m2 mjeodon 20 | | |
| | | | Dose: 20 mg | Route: intravenous | PRN | |
| | | | Start: S | | | |
| | | | hydrocortisone sodiun (Solu-CORTEF) injection | | | |
| | | | Dose: 100 mg | Route: intravenous | PRN | |
| | | | <u> </u> | | | |
| | | | dexamethasone (DECA Dose: 4 mg | ADRON) injection 4 mg Route: intravenous | PRN | |
| | | | Start: S | | _ | |
| | | | epINEPHrine (ADRENA injection syringe 0.3 m | | .I | |
| | | | Dose: 0.3 mg Start: S | Route: subcutaneous | PRN | |
| | Disch | arge | Nursing Orders | | | |
| | | | ONC NURSING COMM | UNICATION 76 | | |
| | | | | Occurrences: | | |
| | | | Comments: | Discontinue IV. | | |
| | Disch | arne | Nursing Orders | | | |
| | Distri | _ | sodium chloride 0.9 % | fluch 20 ml | | |
| | | V | Dose: 20 mL | Route: intravenous | PRN | |
| | | | Dose. 20 IIIL | noute. Intraverious | FNIN | |
| | | V | HEParin, porcine (PF) i | injection 500 Units | | |
| | | | Dose: 500 Units | Route: intra-catheter | once PRN | |
| | | | Start: S | | | |
| | | | Instructions: Concentration: 100 un | its/mL. Heparin flush for | | |
| | | | Implanted Vascular Ad | | | |
| | | | maintenance. | | | |
| Days | 8,10, | | . <u>-</u> | | | Perform every 2 days x3 |
| | Appoi | | ent Requests INFUSION APPOINTME | NT RECHEST | | |
| | | | Interval: | Occurrences: | | |
| | Labs | | | | | |
| | | \checkmark | CBC WITH PLATELET | AND DIFFERENTIAL | | |
| | | _ | Interval: | Occurrences: | | |
| | | | COMPREHENSIVE ME | TAROLIC PANEL | | |
| | | V | Interval: | Occurrences: | | |
| | | | | Occurrences | | |
| | | \checkmark | MAGNESIUM LEVEL | | | |
| | | | Interval: | Occurrences: | | |
| | | | LDH | | | |
| | | | Interval: | Occurrences: | | |
| | | | URIC ACID LEVEL | | | |
| | | | Interval: | Occurrences: | | |
| | Outpa | atient | Electrolyte Replacemen | | | |
| | | | TREATMENT CONDITION | ONS 39 | | |
| | | | Interval: | Occurrences: | 0 F to F 0 F . // \ | |
| | | | Comments: | Potassium (Normal rango Protocol applies | je 3.5 to 5.0mEq/L) for SCr less than 1.5. (| Otherwise contact |
| | | | | MD/NP | rior Gorioga triair 1.5. (| Julion Wildo, dollitadi |

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 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.

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 Occurrences: --

discontinued

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 Medications 30 mg Main Yes

MG/ML

INTRAVENOUS SOLUTION

SODIUM Base 100 mL Yes Yes

Ingredient

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 100 mL No Yes

WATER (D5W) INTRAVENOUS SOLUTION

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 (BE | NADRYL) injection 25 | | |
|------|-------|--------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-------------------------|
| | | | mg Dose: 25 mg Start: S | Route: intravenous | PRN | |
| | | | fexofenadine (ALLEGF Dose: 180 mg Start: S | RA) tablet 180 mg Route: oral | PRN | |
| | | | famotidine (PEPCID) 2 | 0 mg/2 mL injection 20 | | |
| | | | mg Dose: 20 mg Start: S | Route: intravenous | PRN | |
| | | | hydrocortisone sodium (Solu-CORTEF) injection Dose: 100 mg | | PRN | |
| | | | dexamethasone (DECA Dose: 4 mg Start: S | ADRON) injection 4 mg Route: intravenous | PRN | |
| | | | epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S | ALIN) 1 mg/10 mL ADUL Ig Route: subcutaneous | .T PRN | |
| | Disch | arge | Nursing Orders ONC NURSING COMM Interval: Comments: | UNICATION 76 Occurrences: Discontinue IV. | | |
| | Disch | arge | Nursing Orders | | | |
| | | \checkmark | sodium chloride 0.9 % | flush 20 mL | | |
| | | | Dose: 20 mL | Route: intravenous | PRN | |
| | | ✓ | HEParin, porcine (PF) | injection 500 Units | | |
| | | | Dose: 500 Units Start: S Instructions: Concentration: 100 un Implanted Vascular Admaintenance. | Route: intra-catheter hits/mL. Heparin flush for ccess Device | once PRN | |
| Days | 15,17 | - | | | | Perform every 2 days x3 |
| | Appoi | intme | ent Requests INFUSION APPOINTMI Interval: | ENT REQUEST Occurrences: | | |
| | Labs | | morvai. | Cocurrences. | | |
| | | V | CBC WITH PLATELET | AND DIFFERENTIAL | | |
| | | | Interval: | Occurrences: | | |
| | | \checkmark | COMPREHENSIVE ME | TABOLIC PANEL | | |
| | | | Interval: | Occurrences: | | |
| | | \checkmark | MAGNESIUM LEVEL | | | |
| | | | Interval: | Occurrences: | | |
| | | | LDH Interval: | Occurrences | | |
| | | | 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 Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 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

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

Serum Magnesium 1.6 mEg/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 Occurrences: --

discontinued

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 Medications MG/ML

30 mg Main Yes Ingredient

INTRAVENOUS SOLUTION

SODIUM Base

100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 100 mL

mL No Yes

WATER (D5W) INTRAVENOUS SOLUTION

Post-Hvdration

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

Dose: 20 mL Route: intravenous PRN

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 5.0mEg/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 Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 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

Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

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 Occurrences: --

discontinued

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 Medications 30 mg

MG/ML

INTRAVENOUS SOLUTION

Main Yes
Ingredient

SODIUM Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 100 mL No Yes

WATER (D5W) INTRAVENOUS SOLUTION

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

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Interval: -- Occurrences: -- Comments: Discontinue IV.

Discharge Nursing Orders

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.