

OP ATEZOLIZUMAB / BEVACIZUMAB (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: HEPATOCELLULAR CARCINOMA, HCC, TECENTRIQ, AVASTIN

| Cycles 1 to 6 | Repeat 6 times | Cycle length: 21 days |
|---|---|------------------------|
| Day 1 | | Perform every 1 day x1 |
| Appointment Requests | | |
| INFUSION APPOINTMENT REQUEST | Interval: -- | Occurrences: -- |
| Labs | | |
| ALPHA FETOPROTEIN | Interval: -- | Occurrences: -- |
| Labs | | |
| <input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | Interval: -- | Occurrences: -- |
| <input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL | Interval: -- | Occurrences: -- |
| <input checked="" type="checkbox"/> MAGNESIUM LEVEL | Interval: -- | Occurrences: -- |
| Labs | | |
| URINALYSIS, AUTOMATED WITH MICROSCOPY | Interval: -- | Occurrences: -- |
| Labs | | |
| THYROID STIMULATING HORMONE | Interval: -- | Occurrences: -- |
| T3, FREE | Interval: -- | Occurrences: -- |
| T4, FREE | 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

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.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: -- Occurrences: --
Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.

ONC NURSING COMMUNICATION 5

Interval: -- Occurrences: --
Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

Chemotherapy

atezolizumab (TECENTRIQ) 1,200 mg in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 1,200 mg Route: intravenous once over 60 Minutes for 1 dose
Start: S End: S

Instructions:
Infuse the initial dose over 60 minutes, if tolerated, may infuse subsequent doses over 30 minutes.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|----------|-----------------|-----------|
| | ATEZOLIZUMAB 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION | Medications | 1,200 mg | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 230 mL | Yes | Yes |

Chemotherapy

bevacizumab (AVASTIN) 15 mg/kg in sodium chloride 0.9% 100 mL IVPB

Dose: 15 mg/kg Route: intravenous once over 30 Minutes for 1 dose
Offset: 60 Minutes

Instructions:

Incompatible with dextrose solutions; flush line with normal saline. REFRIGERATE. Do NOT tube.

Ingredients:

| Name | Type | Dose | Selected | Adds Vol. |
|---|-------------|-------------|-----------------|------------------|
| BEVACIZUMAB 25 MG/ML INTRAVENOUS SOLUTION | Medications | 15 mg/kg | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 100 mL | Yes | Yes |

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.

