

## OP ATEZOLIZUMAB

**Types:** ONCOLOGY TREATMENT

**Synonyms:** BLADDER, ATEZ, ATAZ, TEC, TAC, TECENTRIQ, ATEZOLIZUMAB

<b>Cycles 1 to 4</b>		Repeat 4 times	Cycle length: 21 days
<b>Day 1</b>		Perform every 1 day x1	
Appointment Requests			
		<b>INFUSION APPOINTMENT REQUEST</b>	
		Interval: --	Occurrences: --
Labs			
		<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>	
		Interval: --	Occurrences: --
		<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>	
		Interval: --	Occurrences: --
		<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>	
		Interval: --	Occurrences: --
		<input checked="" type="checkbox"/> <b>THYROID STIMULATING HORMONE</b>	
		Interval: --	Occurrences: --
		<input checked="" type="checkbox"/> <b>T3, FREE</b>	
		Interval: --	Occurrences: --
		<input checked="" type="checkbox"/> <b>T4, FREE</b>	
		Interval: --	Occurrences: --
		<input type="checkbox"/> <b>LDH</b>	
		Interval: --	Occurrences: --
		<input type="checkbox"/> <b>URIC ACID LEVEL</b>	
		Interval: --	Occurrences: --
Outpatient Electrolyte Replacement Protocol			
		<b>TREATMENT CONDITIONS 39</b>	
		Interval: --	Occurrences: --
		Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) <ul style="list-style-type: none"> <li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li> <li>o Protocol applies only to same day lab value.</li> <li>o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</li> <li>o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</li> <li>o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> <li>o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement</li> <li>o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li> <li>o Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>
		<b>TREATMENT CONDITIONS 40</b>	
		Interval: --	Occurrences: --
		Comments:	Magnesium (Normal range 1.6 to 2.6mEq/L) <ul style="list-style-type: none"> <li>o Protocol applies for SCr less than 1.5. Otherwise, contact</li> </ul>

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.

#### 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)

Medications

1,200 mg

Main

Yes

INTRAVENOUS  
SOLUTION

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

230 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.