OP AYA - COURSE 3 (INTERIM MAINTENANCE)

Types: ONCOLOGY TREATMENT

Synonyms: ALL, ACUTE, LYMPHO, ALL, INDUCT, CALGB, MAINT, INTERIM, INTRATHECAL, AYA, COURSE III,

COURSE 3, CAPIZZI

Take-Home Med	lications Repeat 1	· · · · · · · · · · · · · · · · · · ·
Day 1	Llama Madioationa Driar to	Perform every 1 day x1
rake	-Home Medications Prior to	methoprim (BACTRIM DS)
	800-160 mg per table	
	Dose:	Route: oral
	Dispense:	Refills:
	Start: S Comments:	
		ame day as methotrexate.
	Instructions:	amo day ao monoko xako.
	Do not take on the sa	ame day as methotrexate.
Provi	der Communication	
	ONC PROVIDER COM	
	Interval: Comments:	Occurrences: Begin Interim Maintenance when peripheral blood counts recover with an
	Comments.	ANC greater than or equal to 750 and platelets greater than or equal to
		75,000/uL. Therapy should be interrupted for patients with severe
		infections and resumed when the signs of the infection have abated.
Cycle 1	Repeat 1	
Day 1	intment Requests	Perform every 1 day x1
Дрро	INFUSION APPOINTM	MENT REQUEST
	Interval:	Occurrences:
Labs		
	☑ CBC WITH PLATELET	T AND DIFFERENTIAL
	Interval:	Occurrences:
	✓ COMPREHENSIVE MI	ETABOLIC PANEL
	Interval:	Occurrences:
		Occurrences.
	✓ MAGNESIUM LEVEL	
	Interval:	Occurrences:
	□ LDH	
	Interval:	Occurrences:
	☐ URIC ACID LEVEL	
	Interval:	Occurrences:
Labs		
	∠ LIPASE LEVEL	
	Interval:	Occurrences:
	✓ AMYLASE LEVEL	
	Interval:	Occurrences:
	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 0

MD/NP

Protocol applies only to same day lab value. 0

Serum potassium less than 3.0mEg/L, give 40mEg 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 0 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)

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value. 0

Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium O

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

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

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 once @ 30 mL/hr for 1 dose Route: intravenous

Start: S Instructions:

To keep vein open.

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB

Dose: --Route: intravenous once over 15 Minutes for 1 dose

End: S 11:30 AM Start: S

Ingredients: Name Type Dose Selected Adds Vol.

> ONDANSETRON Medications 16 mg No Yes

HCL (PF) 4 MG/2 ML INJECTION SOLUTION

DEXAMETHASONE Medications 12 mg Yes No

4 MG/ML

INJECTION SOLUTION SODIUM Base 50 mL Always Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base No Yes WATER (D5W) **INTRAVENOUS** SOLUTION ☐ ondansetron (ZOFRAN) tablet 16 mg Dose: 16 mg Route: oral once for 1 dose Start: S End: S 11:30 AM □ dexamethasone (DECADRON) tablet 12 mg Dose: 12 ma Route: oral once for 1 dose Start: S aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB Dose: 130 mg once over 30 Minutes for 1 dose Route: intravenous Start: S End: S Ingredients: Name Type Dose Selected Adds Vol. **APREPITANT 7.2** Medications 130 mg Main Yes MG/ML Ingredient **INTRAVENOUS EMULSION** DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM Base 130 mL No Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) **Nursing Orders TREATMENT CONDITIONS 29** Interval: --Occurrences: --Comments: HOLD and notify provider if ANC LESS than 750; platelets LESS than 75,000. **Provider Communication ONC PROVIDER COMMUNICATION 28** Interval: --Occurrences: --Comments: Voriconazole and posaconazole are contra-indicated with vincristine. Chemotherapy vinCRIStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB Dose: 1.5 mg/m2 once over 10 Minutes for 1 dose Route: intravenous Start: S Instructions: DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg. Rule-Based Template: RULE ONCBCN VINCRISTINE 1.5 MG/M2 Modifications: Conditions: BSA < 1.33 m2 Set dose to 1.5 mg/m2 BSA >= 1.33 m2Set dose to 2 mg Ingredients: Selected Adds Vol. Name Type Dose

VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Chemotherapy

methotrexate PF 100 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 100 mg/m2 Route: intravenous once over 360 Minutes for 1 dose

Start: S End: S 3:16 PM

Instructions:

Observe carefully for signs of local irritation or

infiltration.

Selected Adds Vol. Ingredients: Name Type Dose METHOTREXATE Medications 100 Main Yes SODIUM (PF) 25 mg/m2 Ingredient MG/ML INJECTION SOLUTION DEXTROSE 5 % IN QS Base Yes Yes 250 mL WATER (D5W) **INTRAVENOUS** SOLUTION QS Base SODIUM 250 mL No Yes CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

Intrathecal Injections

methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 15 mg Route: intrathecal once over 5 Minutes for 1 dose

Start: S End: S

Instructions:

INTRATHECAL VIA DIRECT LUMBAR PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5 mL. This dose is NOT to be combined with cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients: Name Dose Selected Adds Vol. Type Medications 15 mg METHOTREXATE Main Yes SODIUM (PF) 25 Ingredient MG/ML INJECTION SOLUTION SODIUM QS Base 4.4 mL Yes Yes

CHLORIDE 0.9 % INJECTION SOLUTION

ONC PROVIDER COMMUNICATION 29

Interval: -- Occurrences: --

Comments: Send CSF for cell count and cytology with every intrathecal

administration.

Hematology & Oncology Hypersensitivity Reaction Standing Order
ONC NURSING COMMUNICATION 82

Interval: --Comments: Occurrences: --

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 Dose: 25 mg **PRN** Route: intravenous Start: S fexofenadine (ALLEGRA) tablet 180 mg **PRN** Dose: 180 mg Route: oral Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 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 Route: intravenous **PRN** Dose: 4 mg Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 ma 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 ☑ 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 2 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

Occurrences: --

Interval: --

□ LDH Interval: --Occurrences: --**□ URIC ACID LEVEL** Interval: --Occurrences: --Labs **✓ LIPASE LEVEL** Interval: --Occurrences: --**☑ AMYLASE LEVEL** Interval: --Occurrences: --**☑ FIBRINOGEN** Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/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 3.2mEg/L, give 40mEg KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 0 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 2.6mEg/L) Protocol applies for SCr less than 1.5. Otherwise, contact 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 Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium 0 sulfate IV Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" 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

TREATMENT CONDITIONS 28

Interval: -- Occurrences: --

Comments: MD must review results of amylase, lipase, and fibrinogen prior to patient

receiving peg-asparaginase.

Pre-Medications

Dose: 650 mg Route: oral once for 1 dose

Instructions:

Administer 30 minutes prior to chemotherapy.

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

chemotherapy.

☐ diphenhydrAMINE (BENADRYL) tablet 25 mg

Dose: 25 mg Route: oral once for 1 dose

Instructions:

Administer 30 minutes prior to chemotherapy.

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once for 1 dose

Instructions:

Administer via slow IV push 30 minutes prior to

chemotherapy.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Infuse into a flowing IV line. Observe for 1

hour post infusion

Ingredients: Name Type Dose Selected Adds Vol.
PEGASPARGASE Medications 2,500 Main Yes

PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION

Units/m2 Ingredient

SODIUM CHLORIDE 0.9 %

SODIUM Base 100 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 100 mL Yes Yes

WATER (D5W) INTRAVENOUS SOLUTION

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 Route: intravenous Dose: 25 mg **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 **PRN** Dose: 100 mg Route: intravenous 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 11** 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: --Labs **✓ LIPASE LEVEL** Interval: --Occurrences: --**☑ AMYLASE LEVEL** Interval: --Occurrences: --**☑ FIBRINOGEN** Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/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 3.2mEg/L, give 40mEg KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 0 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 2.6mEg/L) Protocol applies for SCr less than 1.5. Otherwise, contact 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 Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium 0 sulfate IV Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" 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. **Pre-Medications** ondansetron (ZOFRAN) 16 mg, dexamethasone ☑ (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB Dose: --Route: intravenous once over 15 Minutes for 1 dose Start: S End: S 11:30 AM Ingredients: Dose Selected Adds Vol. Name **Type** ONDANSETRON Medications 16 mg Yes No HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXAMETHASONE Medications 12 mg No Yes 4 MG/ML INJECTION SOLUTION SODIUM 50 mL Base Always Yes CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION DEXTROSE 5 % IN Base No Yes WATER (D5W) **INTRAVENOUS** SOLUTION ☐ ondansetron (ZOFRAN) tablet 16 mg Dose: 16 mg Route: oral once for 1 dose Start: S End: S 11:30 AM ☐ dexamethasone (DECADRON) tablet 12 mg Dose: 12 mg Route: oral once for 1 dose Start: S aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Selected Adds Vol. Name Type Dose **APREPITANT 7.2** Medications 130 mg Main Yes MG/ML Ingredient **INTRAVENOUS EMULSION** DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM 130 mL No Yes Base CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)

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 28

Interval: -- Occurrences: --

Comments: Voriconazole and posaconazole are contra-indicated with vincristine.

Chemotherapy

vinCRIStine (ONCOVIN) 1.5 mg/m2 in sodium

chloride 0.9 % 50 mL chemo IVPB

Dose: 1.5 mg/m2 Route: intravenous once over 10 Minutes for 1 dose

Start: S Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRISTINE 1.5 MG/M2

Conditions: Modifications:

BSA < 1.33 m2 Set dose to 1.5 mg/m2 BSA >= 1.33 m2 Set dose to 2 mg

Ingredients: Name Type Dose Selected Adds Vol.

VINCRISTINE 1 Medications 1.5 Main Yes MG/ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 50 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Chemotherapy

methotrexate PF 100 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 100 mg/m2 Route: intravenous once over 360 Minutes for 1 dose

Start: S End: S 3:16 PM

Instructions:

Observe carefully for signs of local irritation or

infiltration.

Ingredients: Name Type Dose Selected Adds Vol.

METHOTREXATE Medications 100 Main Yes

METHOTREXATE Medications 100 Main Yes SODIUM (PF) 25 mg/m2 Ingredient

MG/ML INJECTION

SOLUTION

DEXTROSE 5 % IN QS Base 250 mL Yes Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

SODIUM QS Base 250 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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

					0 mg/2 mL injection 20		
				mg Dose: 20 mg Start: S	Route: intravenous	PRN	
				hydrocortisone sodiur			
				(Solu-CORTEF) injection Dose: 100 mg	on 100 mg Route: intravenous	PRN	
					ADRON) injection 4 mg		
				Dose: 4 mg Start: S	Route: intravenous	PRN	
				epINEPHrine (ADRENA injection syringe 0.3 m	ALIN) 1 mg/10 mL ADUL na	т	
				Dose: 0.3 mg Start: S	Route: subcutaneous	PRN	
		Disch	arge	Nursing Orders			
				ONC NURSING COMM Interval:	UNICATION 76 Occurrences:		
				Comments:	Discontinue IV.		
		Disch	arge	Nursing Orders			
			\checkmark	sodium chloride 0.9 %	flush 20 mL		
				Dose: 20 mL	Route: intravenous	PRN	
			\checkmark	HEParin, porcine (PF)	injection 500 Units		
				Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
				Concentration: 100 ur Implanted Vascular Admaintenance.	nits/mL. Heparin flush for ccess Device		
D	ay 2			_			Perform every 1 day x1
		Appoi	intme	ent Requests INFUSION APPOINTMI	ENT REQUEST		
				Interval:	Occurrences:		
Labs							
			\checkmark	CBC WITH PLATELET			
				Interval:	Occurrences:		
			\checkmark	COMPREHENSIVE ME	TABOLIC PANEL		
				Interval:	Occurrences:		
			\checkmark	MAGNESIUM LEVEL			
				Interval:	Occurrences:		
				LDH			
				Interval:	Occurrences:		
				URIC ACID LEVEL			
				Interval:	Occurrences:		
		Labs					
			\checkmark	LIPASE LEVEL			
				Interval:	Occurrences:		

✓ AMYLASE LEVEL

Interval: -- Occurrences: --

▼ FIBRINOGEN

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 3.0mEg/L, give 40mEg 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 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.

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone ✓ (DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB

Dose: -- Route: intravenous once over 15 Minutes for 1 dose

Start: S End: S 11:30 AM

Ingredients: Name Type Dose Selected Adds Vol.

		ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
	DEXAMETHASON 4 MG/ML INJECTION SOLUTION		Medications	12 mg	Yes	No
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
	□ ondansetron (ZOFRAN					
	Dose: 16 mg Start: S	,	once for 1 dos	se		
	☐ dexamethasone (DEC	ADRON) tablet 12 mg				
	Dose: 12 mg Start: S	Route: oral	once for 1 dos	se		
	aprepitant (CINVANTI) (NON-PVC) 5% 130 mL Dose: 130 mg	. IVPB Route: intravenous	once over 30	Minutes fo	r 1 dose	
	Start: S Ingredients:	End: S Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Type Medications	Dose 130 mg		Adds Vol. Yes
		DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes
Nursir	ng Orders	,				
	TREATMENT CONDITI Interval: Comments:	ONS 25 Occurrences: HOLD and notify provide 50,000.	er if ANC LESS	S than 500;	Platelets I	LESS than
Provid	der Communication					
	ONC PROVIDER COMI Interval:	MUNICATION 28 Occurrences:				
	Comments:	Voriconazole and posac	onazole are co	ontra-indica	ated with vi	ncristine.
Chem	otherapy	1) 1 5 ma/m2 in andi				
	chloride 0.9 % 50 mL o Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAN	Route: intravenous	once over 10	Minutes fo	r 1 dose	
	INTRATHECALLY. N	Maximum dose = 2 mg.				

Rule-Based Template: RULE ONCBCN

VINCRISTINE 1.5 MG/M2

Conditions: Modifications:

BSA < 1.33 m2 Set dose to 1.5 mg/m2 BSA >= 1.33 m2 Set dose to 2 mg

Ingredients: Name Type Dose Selected Adds Vol.

VINCRISTINE 1 Medications 1.5 Main Yes MG/ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 50 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Chemotherapy

methotrexate PF 100 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 100 mg/m2 Route: intravenous once over 360 Minutes for 1 dose

Start: S End: S 3:16 PM

Instructions:

Observe carefully for signs of local irritation or

infiltration.

Ingredients: Name Type Dose METHOTREXATE Medications 100 Main Yes

SODIUM (PF) 25 mg/m2 Ingredient

MG/ML INJECTION

SOLUTION

DEXTROSE 5 % IN QS Base 250 mL Yes Yes

WATER (D5W) INTRAVENOUS SOLUTION

SODIUM QS Base 250 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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

ma

Dose: 20 mg Start: S Route: intravenous

PRN

hydrocortisone sodium succinate

(Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous PRN

dexamethasone (DECADRON) injection 4 mg

Dose: 4 mg 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** ☑ 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 22** 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: --Labs ∠ LIPASE LEVEL Interval: --Occurrences: --**✓ AMYLASE LEVEL** Interval: --Occurrences: --**✓** FIBRINOGEN Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP

o Protocol applies only to same day lab value.

 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

o Serum potassium 3.3 to 3.4mEg/L, give 20mEg 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

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

TREATMENT CONDITIONS 28

Interval: -- Occurrences: --

Comments: MD must review results of amylase, lipase, and fibrinogen prior to patient

receiving peg-asparaginase.

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Instructions:

Administer 30 minutes prior to chemotherapy.

diphenhydrAMINE (BENADRYL) injection 25

」 mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

chemotherapy.

diphenhydrAMINE (BENADRYL) tablet 25 mg

Dose: 25 mg

Route: oral

once for 1 dose

Trouter oral

Instructions:

Administer 30 minutes prior to chemotherapy.

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once for 1 dose

Instructions:

Administer via slow IV push 30 minutes prior to

chemotherapy.

Chemotherapy

pegaspargase (ONCASPAR) 2,500 Units/m2 in

dextrose 5% 100 mL chemo IVPB

Dose: 2,500 Units/m2 Route: intravenous once over 2 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Infuse into a flowing IV line. Observe for 1

hour post infusion

Ingredients: Name Type Dose Selected Adds Vol.

PEGASPARGASE Medications 2,500 Main Yes 750 UNIT/ML Units/m2 Ingredient

INJECTION SOLUTION

SODIUM Base 100 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 100 mL Yes Yes

WATER (D5W) INTRAVENOUS SOLUTION

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

ma

Dose: 20 mg Start: S Route: intravenous

PRN

hydrocortisone sodium succinate

(Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous PRN

dexamethasone (DECADRON) injection 4 mg

Dose: 4 mg 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** ☑ 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 31 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: --Labs ∠ LIPASE LEVEL Interval: --Occurrences: --**✓ AMYLASE LEVEL** Interval: --Occurrences: --**✓** FIBRINOGEN Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) 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 1.5mEg/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.

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone

☑ (DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB

Dose: -- Route: intravenous once over 15 Minutes for 1 dose

Start: S End: S 11:30 AM

Ingredients: Name Type Dose Selected Adds Vol.

ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION

SOLUTION

DEXAMETHASONE Medications 12 mg Yes No

Medications 16 mg

Yes

No

4 MG/ML INJECTION SOLUTION

SODIUM Base 50 mL Always Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base Yes No WATER (D5W) **INTRAVENOUS** SOLUTION ☐ ondansetron (ZOFRAN) tablet 16 mg Dose: 16 mg Route: oral once for 1 dose Start: S End: S 11:30 AM □ dexamethasone (DECADRON) tablet 12 mg Dose: 12 mg Route: oral once for 1 dose Start: S aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Name Type **Dose** Selected Adds Vol. **APREPITANT 7.2** Medications 130 mg Main Yes MG/ML Ingredient **INTRAVENOUS EMULSION** DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM Base 130 mL No Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) **Nursing Orders TREATMENT CONDITIONS 25** Interval: --Occurrences: --HOLD and notify provider if ANC LESS than 500; Platelets LESS than Comments: 50,000. **Provider Communication ONC PROVIDER COMMUNICATION 28** Interval: --Occurrences: --Comments: Voriconazole and posaconazole are contra-indicated with vincristine. Chemotherapy vinCRIStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB Dose: 1.5 mg/m2 Route: intravenous once over 10 Minutes for 1 dose Start: S Instructions: DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg. Rule-Based Template: RULE ONCBCN VINCRISTINE 1.5 MG/M2 Conditions: Modifications: BSA < 1.33 m2 Set dose to 1.5 mg/m2 BSA >= 1.33 m2 Set dose to 2 mg Selected Adds Vol. Ingredients: Name Type Dose VINCRISTINE 1 Medications 1.5 Main Yes MG/ML mg/m2 Ingredient **INTRAVENOUS** SOLUTION

SODIUM

CHLORIDE 0.9 %

QS Base

50 mL

Yes

Yes

INTRAVENOUS SOLUTION

Chemotherapy

methotrexate PF 100 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 100 mg/m2 Route: intravenous once over 360 Minutes for 1 dose

Start: S End: S 3:16 PM

Instructions:

Observe carefully for signs of local irritation or

infiltration.

Ingredients: Name Type Dose Selected Adds Vol.

METHOTREXATE Medications 100 Main Yes SODIUM (PF) 25 mg/m2 Ingredient

MG/ML INJECTION

SOLUTION

DEXTROSE 5 % IN QS Base 250 mL Yes Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

SODIUM QS Base 250 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Intrathecal Injections

methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection

Dose: 15 mg Route: intrathecal once over 5 Minutes for 1 dose

Start: S End: S

Instructions:

INTRATHECAL VIA DIRECT LUMBAR

PUNCTURE. Total volume with preservative free sodium chloride 0.9% for intrathecal is 3-5 mL. This dose is NOT to be combined with cytarabine. To be used as single agent chemotherapy only. May be combined with hydrocortisone, but may not be combined with another chemotherapy agent. Patient should remain in horizontal position for 30 minutes.

Ingredients: Name Type Dose Selected Adds Vol.

METHOTREXATE Medications 15 mg Main SODIUM (PF) 25 Ingredient

MG/ML INJECTION

SOLUTION

SODIUM QS Base 4.4 mL Yes Yes

Yes

CHLORIDE 0.9 % INJECTION SOLUTION

ONC PROVIDER COMMUNICATION 29

Interval: -- Occurrences: --

Comments: Send CSF for cell count and cytology with every intrathecal

administration.

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	
			fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN	
				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	
				ALIN) 1 mg/10 mL ADUL	.T	
			injection syringe 0.3 m Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN	
	Discha		Nursing Orders			
			ONC NURSING COMM Interval:	UNICATION 76 Occurrences:		
			Comments:	Discontinue IV.		
	5					
	Discha		Nursing Orders	<i>(</i> 1, 1, 22, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
		\checkmark	sodium chloride 0.9 %		DDM	
			Dose: 20 mL	Route: intravenous	PRN	
		\square	HEParin, porcine (PF)	iniection 500 Units		
		•	Dose: 500 Units	Route: intra-catheter	once PRN	
			Start: S			
			Instructions:	nits/mL. Heparin flush for		
			Implanted Vascular Ad			
			maintenance.			
Day 4		ntme	ent Requests			Perform every 1 day x1
	трроп	11(111)	INFUSION APPOINTME	ENT REQUEST		
			Interval:	Occurrences:		
	Labs		000 W/TH DI 4TELET	AND DIESEDENTIAL		
		\checkmark	CBC WITH PLATELET			
			Interval:	Occurrences:		
		\checkmark	COMPREHENSIVE ME			
			Interval:	Occurrences:		
		\checkmark	MAGNESIUM LEVEL			
			Interval:	Occurrences:		
			LDH	0		
			Interval:	Occurrences:		
			URIC ACID LEVEL	0		
			Interval:	Occurrences:		

Labs ∠ LIPASE LEVEL Interval: --Occurrences: --AMYLASE LEVEL Interval: --Occurrences: --**☑** FIBRINOGEN 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 0 MD/NP Protocol applies only to same day lab value. 0 Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or O PO and contact MD/NP 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 0 Serum potassium 3.5 mEg/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 2.6mEg/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP 0 Protocol applies only to same day lab value. Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium 0 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 If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" 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 once @ 30 mL/hr for 1 dose Route: intravenous Start: S Instructions: To keep vein open. **Pre-Medications** ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB once over 15 Minutes for 1 dose Dose: --Route: intravenous Start: S End: S 11:30 AM **Type** Selected Adds Vol. Ingredients: Name Dose ONDANSETRON Medications 16 mg Yes No HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXAMETHASONE Medications 12 mg No Yes 4 MG/ML **INJECTION** SOLUTION SODIUM Base 50 mL Always Yes CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION DEXTROSE 5 % IN Base No Yes WATER (D5W) **INTRAVENOUS** SOLUTION ☐ ondansetron (ZOFRAN) tablet 16 mg Dose: 16 mg Route: oral once for 1 dose Start: S End: S 11:30 AM ☐ dexamethasone (DECADRON) tablet 12 mg Route: oral Dose: 12 mg once for 1 dose Start: S aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Selected Adds Vol. Name Type Dose **APREPITANT 7.2** Medications 130 mg Main Yes MG/ML Ingredient **INTRAVENOUS EMULSION** DEXTROSE 5 % IN Base 130 mL Yes Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) **SODIUM** Base 130 mL No Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) **Nursing Orders TREATMENT CONDITIONS 25** Interval: --Occurrences: --HOLD and notify provider if ANC LESS than 500; Platelets LESS than Comments: 50.000. Provider Communication **ONC PROVIDER COMMUNICATION 28** Interval: --Occurrences: --Comments: Voriconazole and posaconazole are contra-indicated with vincristine. Chemotherapy

vinCRIStine (ONCOVIN) 1.5 mg/m2 in sodium

Route: intravenous

once over 10 Minutes for 1 dose

chloride 0.9 % 50 mL chemo IVPB

Dose: 1.5 mg/m2

Start: S Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg. Rule-Based Template: RULE ONCBCN

VINCRISTINE 1.5 MG/M2

Conditions: Modifications:

BSA < 1.33 m2 Set dose to 1.5 mg/m2 BSA >= 1.33 m2 Set dose to 2 mg

Ingredients: Name Type Dose Selected Adds Vol.

VINCRISTINE 1 Medications 1.5 Main Yes MG/ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 50 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Chemotherapy

methotrexate PF 100 mg/m2 in dextrose 5%

250 mL chemo IVPB

Dose: 100 mg/m2 Route: intravenous once over 360 Minutes for 1 dose

Start: S End: S 3:16 PM

Instructions:

Observe carefully for signs of local irritation or

infiltration.

Ingredients: Dose Selected Adds Vol. Name **Type** METHOTREXATE Medications 100 Main Yes SODIUM (PF) 25 mg/m2 Ingredient MG/ML INJECTION SOLUTION DEXTROSE 5 % IN QS Base 250 mL Yes Yes WATER (D5W) **INTRAVENOUS** SOLUTION **SODIUM QS** Base 250 mL No Yes

CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

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

mq

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

☑ 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 42 Perform every 1 day x1

Provider Communication

ONC PROVIDER COMMUNICATION 33

Interval: -- Occurrences: --

Comments: Bone marrow aspirate and biopsy specimen must be obtained for all

patients approximately one week after completion to assess remission

status.