OP AYA - COURSE 4 (DELAYED INTENSIFICATION)

Types: ONCOLOGY TREATMENT

Synonyms: ALL, ACUTE, LYMPHO, CALGB, COURSE, IV, DELAYED, INTENS, DOXOR, VINCRIS, ONCOV, PEGAS,

CYCL, CYT, CYTARA, AYA, COURSE IV, COURSE 4

MAGNESIUM LEVEL

Interval: --

Take-Home Medications Repeat 1 time Cycle length: 1 day Day 1 Perform every 1 day x1 Take-Home Medications Prior to Treatment dexamethasone (DECADRON) 4 MG tablet Dose: --Route: oral see admin instructions Refills: 12 Dispense: 30 tablet Start: S Instructions: Take *** tablets by mouth twice daily on days 1-7 and 15-21 in each chemotherapy cycle. Take-Home Medications Prior to Treatment thioguanine (TABLOID) 40 mg chemo tablet Dose: --Route: oral see admin instructions Refills: --Dispense: --Start: S Instructions: Take *** tablets by mouth daily on days 29-42 of treatment. **ONC PROVIDER COMMUNICATION 49** Interval: --Occurrences: --Comments: Adjust dose using 40 mg tablets and different doses on alternating days in order to attain a weekly cumulative dose as close to 420 mg/m2. Do not escalate dose based on blood counts during this course. Take-Home Medications Prior to Treatment sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg per tablet Dose: --Route: oral Dispense: --Refills: --Start: S Do not take on the same day as methotrexate. Instructions: Dose = 5 mg/kgCycle 1 Repeat 1 time Cycle length: 50 days Perform every 1 day x1 Day 1 **Appointment Requests INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs **CBC WITH PLATELET AND DIFFERENTIAL** Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --

Occurrences: --

□ LDH Interval: --Occurrences: --**□ URIC ACID LEVEL** Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) 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 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 MD/NP Protocol applies only to same day lab value. 0 Serum Magnesium less than 1.0mEg/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 **Nursing Orders TREATMENT CONDITIONS 29** Interval: --Occurrences: --Comments: HOLD and notify provider if ANC LESS than 750; platelets LESS than 75,000. 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

V	ondansetron (ZOFRAN chloride 0.9% 50 mL IV					
	Dose: Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Ingredients:	Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Type Medications	Dose 16 mg	Selected Yes	Adds Vol. No
		DEXAMETHASONE 4 MG/ML INJECTION	Medications	12 mg	No	No
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Always	Yes
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
	ondansetron (ZOFRAN	l) injection 8 mg				
	Dose: 8 mg Start: S	Route: intravenous	once for 1 dos	se		
	ondansetron (ZOFRAN	l) tablet 16 mg				
	Dose: 16 mg Start: S	Route: oral	once for 1 dos	se		
	dexamethasone (DECA	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	Route: intravenous	once over 30	Minutes fo	r 1 dose	
	Start: S Ingredients:	End: S Name	Туре	Dose	Selected	Adds Vol.
	ingredients.	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications		Main Ingredient	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
	LORAZepam (ATIVAN)	tablet 1 mg				
	Dose: 1 mg Start: S	Route: oral	once for 1 dos	se		
	LORAZepam (ATIVAN)	injection 1 mg				
	Dose: 1 mg Start: S	Route: intravenous	once for 1 dos	se		
sing O						
	ONC NURSING COMM Interval:	UNICATION 8 Occurrences:				
	miervai	Occurrences				

Verify that patient took DEXAMETHASONE orally prior to chemotherapy. Comments:

Otherwise, please contact physician to order Dexamethasone IV.

Chemotherapy

DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Protect from light; VESICANT

Selected Adds Vol. Ingredients: Type Dose

> DOXORUBICIN 50 Medications 25 mg/m2 Main Yes MG/25 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM Base 50 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 50 mL No Yes

WATER (D5W) **INTRAVENOUS** SOLUTION

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 $BSA >= 1.33 \text{ m}^2$ Set dose to 2 mg

Ingredients: Dose Selected Adds Vol. Name Type Main

VINCRISTINE 1 Medications 1.5 MG/ML mg/m2

INTRAVENOUS SOLUTION

Yes SODIUM QS Base 50 mL Yes

Yes

Ingredient

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 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: -- 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 Rou

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

☑ 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 4 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

□ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

□ LDH

Interval: -- Occurrences: --

□ URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

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

o Serum potassium 3.5 mEg/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 2.6mEg/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

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 Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL **PRN** Route: intravenous 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 Instructions: Administer 30 minutes prior to chemotherapy. diphenhydrAMINE (BENADRYL) injection 25 mg once for 1 dose Dose: 25 mg Route: intravenous 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. **Nursing Orders TREATMENT CONDITIONS 28** Interval: --Occurrences: --Comments: MD must review results of amylase, lipase, and fibrinogen prior to patient receiving peg-asparaginase. Chemotherapy pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB once over 2 Hours for 1 dose Dose: 2,500 Units/m2 Route: intravenous

Offset: 30 Minutes

Instructions:

Infuse into a flowing IV line. Observe for 1

SOLUTION

hour post infusion

Ingredients: Name Type Dose Selected Adds Vol.

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

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

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

☑ 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 8 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs		
Laso	□ CBC WITH PLATELET	AND DIFFERENTIAL
	Interval:	Occurrences:
	✓ COMPREHENSIVE ME	TABOLIC PANEL
	Interval:	Occurrences:
	✓ MAGNESIUM LEVEL	
	Interval:	Occurrences:
	□ LDH	
	Interval:	Occurrences:
	☐ URIC ACID LEVEL	
	Interval:	Occurrences:
Outpa	tient Electrolyte Replacemer	
	TREATMENT CONDITI Interval: Comments:	Occurrences: 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 CONDITI Interval: Comments:	Occurrences: 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 F	lush sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous PRN
Nursir	ng Orders	
	sodium chloride 0.9 % Dose: 250 mL	infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

		art: 5 structions:							
		To keep vein open.							
Pre-M	re-Medications and ondansetron (ZOFRAN) 16 mg in sodium								
	chloride 0.9% 50 mL IVPB								
		ose: art: S	Route: intravenous	once over 15	Minutes fo	r 1 dose			
	Inç	gredients:	Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Type Medications	Dose 16 mg	Selected Yes	Adds Vol. No		
			DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	No	No		
			SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes		
			DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes		
	□ on	dansetron (ZOFRAN) injection 8 mg						
		ose: 8 mg art: S	Route: intravenous	once for 1 dos	se				
	□ on	dansetron (ZOFRAN) tablet 16 mg						
		ose: 16 mg art: S	Route: oral	once for 1 dos	se				
	□ de	☐ dexamethasone (DECADRON) tablet 12 mg							
		ose: 12 mg art: S	Route: oral	once for 1 dos	se				
		repitant (CINVANTI) ON-PVC) 5% 130 mL							
	Ďo	ose: 130 mg art: S	Route: intravenous End: S	once over 30 Minutes for 1 dose					
		gredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Type Medications	Dose 130 mg	Selected Main Ingredient	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		
		RAZepam (ATIVAN)	tablet 1 mg						
		ose: 1 mg art: S	Route: oral	once for 1 dos	se				
		RAZepam (ATIVAN)	injection 1 mg						
	Do	se: 1 ma	Route: intravenous	once for 1 dos	se				

Start: S

Start: S

Chemotherapy

DOXOrubicin (ADRIAmycin) 25 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Protect from light; VESICANT

Type Selected Adds Vol. Ingredients: Dose

DOXORUBICIN 50 Medications 25 mg/m2 Main Yes MG/25 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM 50 mL Yes Yes Base

Yes

Ingredient

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

DEXTROSE 5 % IN Base 50 mL No

WATER (D5W) **INTRAVENOUS** SOLUTION

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 Set dose to 2 mg BSA >= 1.33 m2

Ingredients: Name Type Dose Selected Adds Vol. VINCRISTINE 1 Medications 1.5 Main Yes

MG/ML mg/m2

INTRAVENOUS SOLUTION

SODIUM QS Base 50 mL Yes Yes

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --Occurrences: --

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms Comments:

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 (ALLEGRA) tablet 180 mg

		Dose: 180 mg Start: S	Route: oral	PRN			
	famotidine (PEPCID) 20 mg/2 mL injection 20						
		mg Dose: 20 mg	Route: intravenous	PRN			
		Start: S		FNIN			
		hydrocortisone sodiun (Solu-CORTEF) injection					
		Dose: 100 mg	Route: intravenous	PRN			
		decree the constitution (DEO)	DDON' in its alians 4 man				
		Dose: 4 mg	ADRON) injection 4 mg Route: intravenous	PRN			
		Start: S					
		epINEPHrine (ADREN <i>A</i> injection syringe 0.3 m	ALIN) 1 mg/10 mL ADUL ag	.т			
	[Dose: 0.3 mg	Route: subcutaneous	PRN			
D: 1		Start: S					
Disch		Nursing Orders ONC NURSING COMM	UNICATION 76				
		Interval:	Occurrences:				
	(Comments:	Discontinue IV.				
Disch	narge i	Nursing Orders					
	✓ 5	sodium chloride 0.9 %	flush 20 mL				
	I	Dose: 20 mL	Route: intravenous	PRN			
	✓ I	HEParin, porcine (PF)	injection 500 Units				
		Dose: 500 Units Start: S Instructions: Concentration: 100 un Implanted Vascular Admaintenance.	Route: intra-catheter nits/mL. Heparin flush for ccess Device	once PRN			
ay 15		mamerianos.			Perform every 1 day x		
		at Danisanta			r onorm overy r day x		
		nt Requests					
	l	INFUSION APPOINTME					
Labs	I		ENT REQUEST Occurrences:				
	I	INFUSION APPOINTME	Occurrences:				
		INFUSION APPOINTME Interval:	Occurrences:				
	. I	INFUSION APPOINTME Interval: CBC WITH PLATELET	Occurrences: AND DIFFERENTIAL Occurrences:				
	. I 	INFUSION APPOINTME Interval: CBC WITH PLATELET Interval:	Occurrences: AND DIFFERENTIAL Occurrences:				
		INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL				
		INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval:	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL				
		INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences:				
		INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval:	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences:				
		INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval:	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences:				
		INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: LDH Interval:	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences:				
Labs	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: LDH Interval: URIC ACID LEVEL Interval: Electrolyte Replacemen	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: Occurrences:				
Labs	Z (INFUSION APPOINTME Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: LDH Interval: URIC ACID LEVEL Interval:	Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: Occurrences:				

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

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

ONC NURSING COMMUNICATION 8

Interval: -- Occurrences: --

Comments: Verify that patient took DEXAMETHASONE orally prior to chemotherapy.

Otherwise, please contact physician to order Dexamethasone IV.

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 in sodium chloride 0.9% 50 mL IVPB

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

Start: S

Ingredients: Name Type Dose Selected Adds Vol.

ONDANSETRON Medications 16 mg Yes No

HCL (PF) 4 MG/2 ML INJECTION SOLUTION

DEXAMETHASONE Medications 12 mg No No

		4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base Base	50 mL	,-	Yes Yes			
	□ ondansetron (ZOFRA)	N) injection 8 mg							
	Dose: 8 mg Start: S	Route: intravenous	once for 1 do	se					
	□ ondansetron (ZOFRAN) tablet 16 mg								
	Dose: 16 mg Start: S	Route: oral	once for 1 do	se					
	☐ dexamethasone (DEC.	ADRON) tablet 12 mg							
	Dose: 12 mg Start: S	Route: oral	once for 1 do	se					
	aprepitant (CINVANTI) (NON-PVC) 5% 130 ml Dose: 130 mg Start: S		once over 30	Minutes fo	r 1 dose				
	Ingredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Type Medications	Dose 130 mg		Adds Vol. Yes			
			Base	130 mL		Yes Yes			
	□ LORAZepam (ATIVAN	,							
	Dose: 1 mg Start: S	Route: oral	once for 1 do	se					
	□ LORAZepam (ATIVAN) injection 1 mg							
	Dose: 1 mg Start: S	Route: intravenous	once for 1 do	se					
Chem	otherapy								
	DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 25 mg/m2		once over 15 Offset: 30 Mir		r 1 dose				
	Instructions: Protect from light; VE Ingredients:	Name DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Type Medications	ŭ	Main Ingredient				
		SODIUM	Base	50 mL	Yes	Yes			

CHLORIDE 0.9 % INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN Base

50 mL No

Yes

WATER (D5W) INTRAVENOUS SOLUTION

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:

VINCRISTINE 1

MG/ML

Type

Dose

Selected Adds Vol.

Main

Yes

mg/m2

Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 50 mL Yes 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
- Administer Oxygen at 2 L per minute via nasal cannula. Hitrate t 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 **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 29** 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

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

Provider Communication

ONC PROVIDER COMMUNICATION 43 Interval: -- Occurrences: --

Comments: Day 29: Recommended to reduce urine specific gravity to < 1.015 prior

to administering cyclophosphamide. May use lasix 0.25-0.5 mg/kg/dose IV for urine output of <3 ml/kg/hr after cyclophosphamide administration.

Nursing Orders

TREATMENT CONDITIONS 29

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 750; platelets LESS than

75,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Hydration

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL Route: intravenous once @ 500 mL/hr for 1 dose

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.

HCL (PF) 4 MG/2 ML INJECTION SOLUTION

ONDANSETRON

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 No Yes

		WATER (D5W) INTRAVENOUS SOLUTION						
	☐ ondansetron (ZOFRAN)) tablet 16 mg						
	Dose: 16 mg Start: S	once for 1 dose						
	☐ dexamethasone (DECA							
	Dose: 12 mg Route: oral once for 1 dose							
	Start: S							
	☐ palonosetron (ALOXI) i							
	Dose: 250 mcg Route: intravenous Start: S End: S 3:00 PM Instructions: For OUTPATIENT use only.			once for 1 dose				
	□ aprepitant (CINVANTI) (NON-PVC) 5% 130 mL Dose: 130 mg	once over 30	Minutes fo	or 1 dose				
	Start: S Ingredients:	End: S Name	Туре	Dose	Selected	Adds Vol.		
	g	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION		130 mg	Main Ingredient	Yes		
		DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL;	Base	130 mL	Yes	Yes		
		NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP		130 mL	No	Yes		
Chara	a tha ware v	(EXCEL;NON-PVC)						
Chem	otherapy cyclophosphamide (CY	/TOXAN) 1,000 mg/m2	in					
	dextrose 5% 250 mL ch		0.0		4 1			
	Dose: 1,000 mg/m2	Route: Intravenous	once over 60 Minutes for 1 dose Offset: 30 Minutes					
		IT. Observe carefully						
	tor signs of local irritati	on or infiltration. Apply						
	Ingredients:	Name CYCLOPHOSPHAN IDE 1 GRAM INTRAVENOUS SOLUTION	Type Medications	Dose 1,000 mg/m2	Selected Main Ingredient	Adds Vol. Yes		
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes		
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes		
Post-H	Hydration							
	sodium chloride 0.9 % Dose: 1,000 mL Start: S	infusion 1,000 mL Route: intravenous	once for 1 do	se				

Supportive Care

furosemide (LASIX) injection 0.25 mg/kg

(Treatment Plan)

Dose: 0.25 mg/kg Route: intravenous PRN

Start: S

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose

Ingredients: Name Type Dose Selected Adds Vol.

CYTARABINE (PF) Medications 75 mg/m2 Main Yes 100 MG/5 ML (20 Ingredient

MG/ML) INJECTION

SOLUTION

SODIUM QS Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) 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 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.

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. Days 30,31,32 Perform every 1 day 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 Occurrences: --Interval: --□ URIC ACID LEVEL 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 2.6mEq/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 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

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

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose

Ingredients:

Name
CYTARABINE (PF)
Medications
Type
Dose
75 mg/m2 Main
Yes
100 MG/5 ML (20
MG/ML) INJECTION

SOLUTION

SOLUTION

SODIUM QS Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) INTRAVENOUS SOLUTION

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 36 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☑ CBC WITH PLATELET AND DIFFERENTIAL Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --□ LDH Interval: --Occurrences: --□ URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) 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 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. 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 O 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 **PRN** Dose: 20 mL Route: intravenous 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

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose

Ingredients: Name Type Dose Selected Adds Vol.

CYTARABINE (PF) Medications 75 mg/m2 Main Yes 100 MG/5 ML (20 Ingredient

MG/ML) INJECTION

SOLUTION

SODIUM QS Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) 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 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.

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

Start: S Instructions:

Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device

maintenance.

Days 37,38,39 Perform every 1 day x3

once PRN

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☑ CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

☑ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

□ LDH

Interval: -- Occurrences: --

□ URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

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

o Serum potassium 3.5 mEg/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 2.6mEg/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 1.5mEg/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.

Chemotherapy

cytarabine PF (CYSTOSAR) 75 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 75 mg/m2 Route: intravenous once over 30 Minutes for 1 dose

Ingredients: Name Type Dose Selected Adds Vol.

CYTARABINE (PF) Medications 75 mg/m2 Main Yes 100 MG/5 ML (20 Ingredient

MG/ML) INJECTION

SOLUTION

SODIUM QS Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) INTRAVENOUS SOLUTION

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 43 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☑ CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --□ LDH Interval: --Occurrences: --□ URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) 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 mEg/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 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 1.5mEg/L, give 1 gram magnesium sulfate IV Serum Magnesium 1.6 mEg/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**

Dose: 650 mg Route: oral once for 1 dose

Instructions:

Administer 30 minutes prior to chemotherapy.

diphenhydrAMINE (BENADRYL) injection 25

mc

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 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

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

Nursing Orders

TREATMENT CONDITIONS 28

Interval: -- Occurrences: --

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

receiving peg-asparaginase.

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

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 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-cat

Route: intra-catheter once PRN

Start: S Instructions:

Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device

maintenance.

Day 50 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

□ CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

☑ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

□ LDH

Interval: -- Occurrences: --

□ URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

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

o Serum potassium 3.5 mEg/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 2.6mEg/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

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 1.5mEg/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.

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

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 (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

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 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:

maintenance.

Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device