## **OP AYA - COURSE 5 (MAINTENANCE THERAPY)**

*Types:* ONCOLOGY TREATMENT

*Synonyms:* MAIN, CALGB, ALL, LEUKEMIA, ACUTE, VINC, METHOT, INTRATH, MERCAP, PRED, COURSE 5, COURSE V

Take-Home Me	dications	Repeat 1 time	Cycle length: 1 day	
Day 1			Cycle length. Tudy	Perform every 1 day x1
Tak	PredniSONI Dose: 60 mg Dispense: Start: S Instructions: Take *** ta 29-33, and (day of vin e-Home Medication mercaptopu	,	ay 1-5, rapy cycle al days).	
	Take at lea	Refills: 11 End: S+84	g meal.	
Pro	vider Communicatio	on		
	Interval: Comments:	on alternating	f mercaptopurine using 50 mg ta days to attain weekly cumulative 0 mg/m2/week. Do not escalate	e dose as close as
Tak	e-Home Medicatior	s Prior to Treatment		
	Dose: 20 mg Dispense: Start: S Instructions: Take by m 36, 43, 50 oral metho cycles (wh given).	Refills: 11 routh weekly on Days 8, 19 , 57, 64, 71, and 78. Do r ptrexate on Day 29 of the f ren intrathecal methotrexa	not take irst 4	
Tak	sulfametho 800-160 mg Dose: Dispense: Start: S Comments: Do not tak Instructions:	Route: oral Refills: e on the same day as met	hotrexate.	

Cycles 1		Repeat 4	times C	ycle length: 84 days
Da	ays 1,29	ntment Requests		Perform every 28 days x2
	Appo	INFUSION APPOINTM	ENT REQUEST	
		Interval:	Occurrences:	
	Labs			
			TABOLIC PANEL	
		Interval:	Occurrences:	
		CBC WITH PLATELET	AND DIFFERENTIAL	
		Interval:	Occurrences:	
		☑ MAGNESIUM LEVEL		
		Interval:	Occurrences:	
		✓ LDH		
		Interval:	Occurrences:	
		✓ URIC ACID LEVEL		
		Interval:	Occurrences:	
		Interval:	Occurrences:	
	Outo	atient Electrolyte Replaceme		
	Carp	TREATMENT CONDIT		
		Interval:	Occurrences:	
		Comments:	Potassium (Normal range 3 o Protocol applies for	3.5 to 5.0mEq/L) r SCr less than 1.5. Otherwise, contact
			MD/NP	oor less than 1.5. Otherwise, contact
				ly to same day lab value.
			o Serum potassium le PO and contact MD/NP	ess than 3.0mEq/L, give 40mEq KCL IV or
				3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
				3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
			o Serum potassium 3 replacement	3.5 mEq/L or greater, do not give potassium
				eria, order SmartSet called "Outpatient
			Electrolyte Replacement"	
			o Sign electrolyte rep required	placement order as Per protocol: cosign
			required	
		TREATMENT CONDIT		
		Interval: Comments:	Occurrences:	1 6 to 2 6 m Ea/l
		Comments.	Magnesium (Normal range o Protocol applies for	r SCr less than 1.5. Otherwise, contact
			MD/NP	
				ly to same day lab value. less than 1.0mEq/L, give 2 gram magnesium
			sulfate IV and contact MD/N	
				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 magnesium replacement	1.6 mEq/L or greater, do not give
				eria, order SmartSet called "Outpatient
			Electrolyte Replacement"	
			o Sign electrolyte rep required	placement order as Per protocol: cosign
			loquileu	

Line Flu				
	sodium chloride 0.9 %			
	Dose: 20 mL	Route: intravenous	PRN	
	Start: S			
Nursing	Orders sodium chloride 0.9 %	infusion 250 ml		
	Dose: 250 mL	Route: intravenous	once @ 30 mL/hr for 1 dose	
	Start: S			
	Instructions:			
	To keep vein open.			
Nursing	Orders ONC NURSING COMM			
	Interval: Until	Occurrences:		
	discontinued			
	Comments:		for this day apply only to mercaptopurine	e and
		methotrexate (not vinc	ristine).	
Nursing	Orders			
- 9	TREATMENT CONDIT			
	Interval:	Occurrences:		0.44.4.4
	Comments:	75,000.	der if ANC LESS than 750; platelets LES	S than
		70,000.		
Nursing	Orders			
3	ONC NURSING COMM	IUNICATION 74		
	Interval:	Occurrences:		
	Comments:	Confirm patient did INC	OT take methotrexate orally.	
	ONC PROVIDER COM	MUNICATION 28		
	ONC PROVIDER COM Interval: Comments:	Occurrences:	aconazole are contra-indicated with vincri	istine.
Chemot	Interval: Comments:	Occurrences:	aconazole are contra-indicated with vincri	istine.
Chemot	Interval: Comments: herapy	Occurrences:		istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodium chemo IVPB	n	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiu		istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodium chemo IVPB	n	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodium chemo IVPB Route: intravenous	n	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY.	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg.	n	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template:	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN	n	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY.	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN	n	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2	istine.
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodium chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg	
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodium chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg Type Dose Selected Ad	ds Vol
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodium chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg	ds Vol
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg Type Dose Selected Ad Medications 1.5 Main Yes	ds Vol
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg <b>Type Dose Selected Ad</b> Medications 1.5 Main Yes mg/m2 Ingredient	ds Vol S
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg Type Dose Selected Ad Medications 1.5 Main Yes	ds Vol S
Chemot	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg <b>Type Dose Selected Ad</b> Medications 1.5 Main Yes mg/m2 Ingredient	ds Vol S
	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2 Ingredients:	Occurrences: Voriconazole and posa N) 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg <b>Type Dose Selected Ad</b> Medications 1.5 Main Yes mg/m2 Ingredient	ds Vol S
	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2 Ingredients:	Occurrences: Voriconazole and posa NJ 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg <b>Type Dose Selected Ad</b> Medications 1.5 Main Yes mg/m2 Ingredient	ds Vol S
	Interval: Comments: herapy vinCRIStine (ONCOVI chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICAI INTRATHECALLY. Rule-Based Template: VINCRISTINE 1.5 MG/ Conditions: BSA < 1.33 m2 BSA >= 1.33 m2 Ingredients:	Occurrences: Voriconazole and posa NJ 1.5 mg/m2 in sodiur chemo IVPB Route: intravenous NT. FATAL IF GIVEN Maximum dose = 2 mg. RULE ONCBCN M2 Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	n once over 10 Minutes for 1 dose Modifications: Set dose to 1.5 mg/m2 Set dose to 2 mg <b>Type Dose Selected Ad</b> Medications 1.5 Main Yes mg/m2 Ingredient QS Base 50 mL Yes Yes	ds Vol S

	PUNCTURE. T free sodium chlo mL. This dose i cytarabine. To l chemotherapy or hydrocortisone, k another chemoth remain in horizor	End: S VIA DIRECT LUMBAR otal volume with preservative ride 0.9% for intrathecal is 3-5 s NOT to be combined with be used as single agent only. May be combined with out may not be combined with erapy agent. Patient should otal position for 30 minutes.	over 5 Minutes for 1 dose				
	Ingredients:	Name Type METHOTREXATE Media SODIUM (PF) 25 MG/ML INJECTION SOLUTION	e Dose Selected Adds Vol. ications 15 mg Main Yes Ingredient				
		SODIUM QS B CHLORIDE 0.9 % INJECTION SOLUTION	3ase 4.4 mL Yes Yes				
		COMMUNICATION 29					
	Interval: Comments:	Occurrences: Send CSF for cell count and c administration.	cytology with every intrathecal				
Hema	tology & Oncology Hype	ersensitivity Reaction Standing Orde	er				
		OMMUNICATION 82					
	Interval: Comments:	Occurrences:					
	Comments.	<ul> <li>only – itching, flushing, periorb</li> <li>1. Stop the infusion.</li> <li>2. Place the patient on continu</li> <li>3. Obtain vital signs.</li> <li>4. Administer Normal Saline at intravenous tubing.</li> <li>5. If greater than or equal to 30 Diphenhydramine, administer once.</li> <li>6. If less than 30 minutes since</li> </ul>	utaneous and subcutaneous symptoms bital edema, rash, or runny nose) uous monitoring. at 50 mL per hour using a new bag and new 30 minutes since the last dose of Diphenhydramine 25 mg intravenous ce the last dose of Diphenhydramine, mg orally and Famotidine 20 mg				
		intravenous once.					
		(Moderate) or Grade 3 (Severe	minutes, advance level of care to Grade 2				
		otherwise ordered by covering					
	ONC NURSING CO	OMMUNICATION 4					
	Interval:	Occurrences:					
	Comments:	gastrointestinal symptoms – sl	otoms (cardiovascular, respiratory, or shortness of breath, wheezing, nausea, sis, throat or chest tightness, abdominal or				
		<ol> <li>Notify the CERT team and t</li> <li>Place the patient on continu</li> </ol>	treating physician immediately. uous monitoring.				
		maintain O2 saturation of grea					
		6. Administer Normal Saline at	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 COM	MUNICATION 83	
	Interval:	Occurrences:	
	Interval: Comments:	<ul> <li>Grade 3 – SEVERE Sy compromise – cyanosi with systolic blood pre- loss of consciousness, 1. Stop the infusion.</li> <li>2. Notify the CERT tea</li> <li>3. Place the patient on</li> <li>4. Obtain vital signs.</li> <li>5. If heart rate is less t less than 90/50 mmHg</li> <li>6. Administer Oxygen maintain O2 saturation</li> <li>7. Administer Normal Sy bag and new intravence</li> <li>8. Administer Hydroco to Hydrocortisone, plea and Famotidine 20 mg</li> <li>9. Administer Epineph</li> </ul>	am and treating physician immediately. continuous monitoring. han 50 or greater than 120, or blood pressure is g, place patient in reclined or flattened position. at 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. Saline at 1000 mL intravenous bolus using a new bus tubing. rtisone 100 mg intravenous (if patient has allergy ase administer Dexamethasone 4 mg intravenous) intravenous once. rine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or
	mg	BENADRYL) injection 25	
	Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALLE Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN
	famotidine (PEPCID mg	) 20 mg/2 mL injection 2	0
	Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sod (Solu-CORTEF) inje Dose: 100 mg		PRN
	<b>dexamethasone (DE</b> Dose: 4 mg Start: S	CADRON) injection 4 m Route: intravenous	g PRN
	epINEPHrine (ADRE injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADL 8 mg Route: subcutaneous	JLT PRN
Disch	arge Nursing Orders		
	ONC NURSING COM		
	Interval: Comments:	Occurrences: Discontinue IV.	
	Comments.	Discontinue IV.	

Disch	narge Nursing Orders
	☑ sodium chloride 0.9 % flush 20 mL
	Dose: 20 mL Route: intravenous PRN
	☑ HEParin, porcine (PF) injection 500 Units
	Dose: 500 Units Route: intra-catheter once PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.
Day 57	Perform every 28 days x
	intment Requests
	INFUSION APPOINTMENT REQUEST Interval: Occurrences:
Labs	
	Interval: Occurrences:
	☑ CBC WITH PLATELET AND DIFFERENTIAL
	Interval: Occurrences:
	☑ MAGNESIUM LEVEL
	Interval: Occurrences:
	☑ LDH
	Interval: Occurrences:
	Interval: Occurrences:
	☑ PHOSPHORUS LEVEL
	Interval: Occurrences:
Outpa	atient Electrolyte Replacement Protocol
	TREATMENT CONDITIONS 39
	Interval: Occurrences: Commonts: Botaccium (Normal range 3 5 to 5 0mEq/L)
	Comments: Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact
	MD/NP
	<ul> <li>Protocol applies only to same day lab value.</li> <li>Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or</li> </ul>
	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 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium
	replacement
	<ul> <li>If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li> </ul>
	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.

	<ul> <li>Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP</li> <li>Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV</li> <li>Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV</li> <li>Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement</li> <li>If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li> <li>Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>
Line Flush	
Bine Flash Sodium chloride 0.9 % Dose: 20 mL Start: S	
Nursing Orders	
sodium chloride 0.9 9 Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
Nursing Orders	
ONC NURSING COMI Interval: Until discontinued Comments:	MUNICATION 73 Occurrences: Treatment parameters for this day apply only to mercaptopurine and methotrexate (not vincristine).
Nursing Orders	
TREATMENT CONDIT Interval: Comments:	TIONS 29 Occurrences: HOLD and notify provider if ANC LESS than 750; platelets LESS than 75,000.
Provider Communication	
ONC PROVIDER COM Interval: Comments:	MMUNICATION 28 Occurrences: Voriconazole and posaconazole are contra-indicated with vincristine.
Chemotherapy	
vinCRIStine (ONCOV chloride 0.9 % 50 mL Dose: 1.5 mg/m2 Start: S Instructions: DRUG IS A VESICA INTRATHECALLY.	<ul> <li>IN) 1.5 mg/m2 in sodium</li> <li>chemo IVPB</li> <li>Route: intravenous once over 10 Minutes for 1 dose</li> <li>NT. FATAL IF GIVEN</li> <li>Maximum dose = 2 mg.</li> <li>RULE ONCBCN</li> <li>M2</li> </ul>

	SOLUTION SODIUM QS Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION					
	ersensitivity Reaction Standing Order					
	OMMUNICATION 82					
Interval: Comments:	<ul> <li>Occurrences: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)</li> <li>1. Stop the infusion.</li> <li>2. Place the patient on continuous monitoring.</li> <li>3. Obtain vital signs.</li> <li>4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.</li> <li>5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.</li> <li>6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.</li> <li>7. Notify the treating physician.</li> <li>8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).</li> <li>9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ul>					
ONC NURSING C Interval: Comments:	<ul> <li>OMMUNICATION 4 <ul> <li>Occurrences:</li> <li>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)</li> <li>1. Stop the infusion.</li> <li>2. Notify the CERT team and treating physician immediately.</li> <li>3. Place the patient on continuous monitoring.</li> <li>4. Obtain vital signs.</li> <li>5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.</li> <li>7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous). Eevofenedine 180 mg orally and Famotidine 20 mg</li> </ul> </li> </ul>					

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.
	E If here it was to be a there. EQ as a second with a second second second second second second second second s

5. If heart rate is less than 50 or greater than 120, or blood pressure is

			<ol> <li>Administer Oxygen a maintain O2 saturation</li> <li>Administer Normal Sa bag and new intravenou</li> <li>Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i</li> <li>Administer Epinephri</li> </ol>	isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
			ENADRYL) injection 25	
		<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	PRN
		fexofenadine (ALLEGI Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
		famotidine (PEPCID) 2 mg	20 mg/2 mL injection 20	
		Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiu (Solu-CORTEF) injecti		
		Dose: 100 mg	Route: intravenous	PRN
		<b>dexamethasone (DEC</b> Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
		epINEPHrine (ADREN) injection syringe 0.3 n	ALIN) 1 mg/10 mL ADUI ng	_T
		Dose: 0.3 mg Start: S	Route: subcutaneous	PRN
	Disch	arge Nursing Orders		
		ONC NURSING COMM Interval:	Occurrences:	
		Comments:	Discontinue IV.	
	<mark>Disch</mark>	arge Nursing Orders		
		🛛 sodium chloride 0.9 %	flush 20 mL	
		Dose: 20 mL	Route: intravenous	PRN
		HEParin, porcine (PF)	injection 500 Units	
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
			nits/mL. Heparin flush for ccess Device	
Cycles 5	to 12	Repeat 8	times	Cycle length: 84 days
Da	y 1			Perform every 28 days x1
	Appol	ntment Requests INFUSION APPOINTM Interval:	ENT REQUEST Occurrences:	
	Labs			

		METABOLIC PANEL
	Interval:	Occurrences:
		ET AND DIFFERENTIAL
	Interval:	Occurrences:
		L
	Interval:	Occurrences:
	✓ LDH	
	Interval:	Occurrences:
	☑ URIC ACID LEVEL	
	Interval:	Occurrences:
	🛛 PHOSPHORUS LEV	EL
	Interval:	Occurrences:
Outpa	tient Electrolyte Replacen	
	TREATMENT COND 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.
		<ul> <li>Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</li> </ul>
		o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
		o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
		o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
		o If patient meets criteria, order SmartSet called "Outpatient
		Electrolyte Replacement"
		<ul> <li>Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>
	TREATMENT COND	
	Interval:	Occurrences:
	Comments:	Magnesium (Normal range 1.6 to 2.6mEq/L)
		o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
		o Protocol applies only to same day lab value.
		o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
		o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium
		sulfate IV
		o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
		o Serum Magnesium 1.6 mEq/L or greater, do not give
		magnesium replacement
		o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
		o Sign electrolyte replacement order as Per protocol: cosign
		required
Line F	lush	
	sodium chloride 0.9	
	Dose: 20 mL Start: S	Route: intravenous PRN

Nursina Orders

	sodium chloride 0.9 ° Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous	once @ 30 m	IL/hr for 1	dose	
Nursing	Orders					
	ONC NURSING COM Interval: Until discontinued Comments:	MUNICATION 73 Occurrences: Treatment parameters methotrexate (not vinci		bly only to	mercapto	purine and
Nursing	Orders					
	TREATMENT CONDI Interval: Comments:	TIONS 29 Occurrences: HOLD and notify provid 75,000.	der if ANC LES	S than 75	0; platelets	ELESS than
Nursing	Orders					
	ONC NURSING COM Interval:					
	Comments:	Occurrences: Confirm patient did NO	T take methotr	exate oral	ly.	
Provider	Communication					
	ONC PROVIDER COM					
	Interval: Comments:	Occurrences: Voriconazole and posa	conazole are c	ontra-indi	nated with	vincristine
	Commente.					vinonotine.
Chemoth						
	chloride 0.9 % 50 mL	IN) 1.5 mg/m2 in sodiun chemo IVPB	1			
	Dose: 1.5 mg/m2 Start: S	Route: intravenous	once over 10	Minutes f	or 1 dose	
	INTRATHECALLY.	NT. FATAL IF GIVEN Maximum dose = 2 mg.				
	Rule-Based Template VINCRISTINE 1.5 MG					
	Conditions:	, <u>–</u>	Modification			
	BSA < 1.33 m2 BSA >= 1.33 m2		Set dose to Set dose to		12	
	Ingredients:	Name VINCRISTINE 1 MG/ML INTRAVENOUS	Type Medications	Dose	<b>Selecte</b> Main Ingredie	<b>d Adds Vol.</b> Yes nt
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes
Intrathec	al Injections					
		ng in sodium chloride INTRATHECAL injectio	n			
	Dose: 15 mg Start: S	Route: intrathecal End: S	once over 5 N	Ainutes fo	r 1 dose	
	Instructions: INTRATHECAL VIA					
		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	Туре	Dose	Selected	Adds Vol.
	METHOTREXATE	Medications	15 mg	Main	Yes
	SODIUM (PF) 25			Ingredien	t
	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
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.
	<ol> <li>4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.</li> </ol>
	5. If greater than or equal to 30 minutes since the last dose of
	Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
	<ol><li>If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg</li></ol>
	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).
	<ol><li>Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li></ol>
ONC NURSING C	COMMUNICATION 4

Interval: Comments:Occurrences: Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea vomiting, dizziness, diaphoresis, throat or chest tightness, abdomin back pain)1. Stop the infusion.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 a new intravenous tubing.	
<ol> <li>Stop the infusion.</li> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> <li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Normal Saline at 150 mL per hour using a new bag a</li> </ol>	
<ol> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> <li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Normal Saline at 150 mL per hour using a new bag a</li> </ol>	
<ol> <li>Blace the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> <li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Normal Saline at 150 mL per hour using a new bag a</li> </ol>	
<ul> <li>4. Obtain vital signs.</li> <li>5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>6. Administer Normal Saline at 150 mL per hour using a new bag a</li> </ul>	
<ol> <li>5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>6. Administer Normal Saline at 150 mL per hour using a new bag a</li> </ol>	
maintain O2 saturation of greater than or equal to 92%. 6. Administer Normal Saline at 150 mL per hour using a new bag a	
	ıd
7. Administer Hydrocortisone 100 mg intravenous (if patient has all to Hydrocortisone, please administer Dexamethasone 4 mg	rgy
intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.	

		(Severe).	fter 15 minutes, advance level of care to Grade 3 very 15 minutes until resolution of symptoms or covering physician.	
ONC NURSING COMMUNICATION 83				
	Interval: Comments:	<ul> <li>Occurrences: Grade 3 – SEVERE Sy compromise – cyanosi with systolic blood press loss of consciousness,</li> <li>1. Stop the infusion.</li> <li>2. Notify the CERT tea</li> <li>3. Place the patient on</li> <li>4. Obtain vital signs.</li> <li>5. If heart rate is less the less than 90/50 mmHg</li> <li>6. Administer Oxygen at maintain O2 saturation</li> <li>7. Administer Normal Stog bag and new intravence</li> <li>8. Administer Hydrocon to Hydrocortisone, pleat and Famotidine 20 mg</li> <li>9. Administer Epinephr</li> </ul>	am and treating physician immediately. continuous monitoring. han 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. at 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. Saline at 1000 mL intravenous bolus using a new bus tubing. rtisone 100 mg intravenous (if patient has allergy ase administer Dexamethasone 4 mg intravenous) intravenous once. rine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or	
		BENADRYL) injection 25		
	<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	PRN	
	<b>fexofenadine (ALLE</b> Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN	
		) 20 mg/2 mL injection 20	D	
	<b>mg</b> Dose: 20 mg Start: S	Route: intravenous	PRN	
	hydrocortisone sod			
	(Solu-CORTEF) inje Dose: 100 mg	Route: intravenous	PRN	
	<b>dexamethasone (DE</b> Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	g PRN	
	epINEPHrine (ADRE	NALIN) 1 mg/10 mL ADU	ILT	
	injection syringe 0.3 Dose: 0.3 mg Start: S	3 mg Route: subcutaneous	PRN	
Disch	arge Nursing Orders			
	ONC NURSING COM Interval: Comments:	IMUNICATION 76 Occurrences: Discontinue IV.		
Disch	arge Nursing Orders			
	✓ sodium chloride 0.9	% flush 20 mL		
	Dose: 20 mL	Route: intravenous	PRN	

		HEParin, porcine (PF)	) injection 500 Units			
		Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.	Route: intra-catheter once PRN inits/mL. Heparin flush for Access Device			
Days	29,57	,	Perform every 28 days x2			
	Appoi	ntment Requests INFUSION APPOINTM Interval:				
	Labs	interval	Occurrences:			
	Labs		ETABOLIC PANEL			
		Interval:	Occurrences:			
		Interval:	Occurrences:			
			Occurrences			
		Occurrences:				
		Interval:	Occurrences			
		✓ LDH Interval:	Occurrences:			
		☑ URIC ACID LEVEL				
		Interval:	Occurrences:			
		☑ PHOSPHORUS LEVE	L			
		Interval:	Occurrences:			
	Outpa	tpatient Electrolyte Replacement Protocol				
	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			
			<ul> <li>Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> <li>Serum potassium 3.5 mEq/L or greater, do not give potassium</li> </ul>			
			replacement			
			o If patient meets criteria, order SmartSet called "Outpatient			
			Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign			
required			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			
			<ul> <li>Protocol applies only to same day lab value.</li> <li>Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium</li> </ul>			
			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 Magnesi magnesium replacemen o If patient meets Electrolyte Replacemen o Sign electrolyte required	nt criteria, order t"	SmartSet	called "Out	patient
Line Flush						
	<b>sodium chloride 0.9 %</b> Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nursing Or	ders					
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 m	IL/hr for 1 c	lose	
Nursing Or						
	ONC NURSING COMM Interval: Until discontinued Comments:	UNICATION 73 Occurrences: Treatment parameters f methotrexate (not vincri		bly only to r	nercaptopu	urine and
Nursing Or	ders					
	TREATMENT CONDITIOn Interval: Comments:	ONS 29 Occurrences: HOLD and notify provid 75,000.	er if ANC LES	S than 750	; platelets l	ESS than
Provider C	ommunication					
	ONC PROVIDER COM	MUNICATION 28				
	Interval: Comments:	Occurrences: Voriconazole and posad	conazole are c	ontra-indica	ated with vi	ncristine.
Chemothe	rany					
		Route: intravenous	once over 10	Minutes fo	or 1 dose	
	Rule-Based Template: F					
	VINCRISTINE 1.5 MG/N Conditions: BSA < 1.33 m2 BSA >= 1.33 m2		Modification Set dose to Set dose to	1.5 mg/m	2	
	Conditions: BSA < 1.33 m2	Name VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION SODIUM	Set dose to	1.5 mg/m		<b>Adds Vol.</b> Yes Yes

## Hematology & Oncology Hypersensitivity Reaction Standing Order

ema	matology & 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		OMMUNICATION 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 C	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.		
		o. Flado the patient of continuous monitoring.		

- 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.

		to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrir	ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or		
	diphenhydrAMINE (BE	NADRYL) injection 25			
	<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	PRN		
	fexofenadine (ALLEGR				
	Dose: 180 mg Start: S	Route: oral	PRN		
	famotidine (PEPCID) 20 mg	0 mg/2 mL injection 20			
		Route: intravenous	PRN		
	hydrocortisone sodium				
	(Solu-CORTEF) injection Dose: 100 mg	Route: intravenous	PRN		
	dexamethasone (DECA Dose: 4 mg Start: S	<b>DRON) injection 4 mg</b> Route: intravenous	PRN		
	epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S		<b>.T</b> PRN		
Disch	arge Nursing Orders				
	ONC NURSING COMMU				
		Occurrences: Discontinue IV.			
Disch	arge Nursing Orders				
	✓ sodium chloride 0.9 %	flush 20 mL			
	Dose: 20 mL	Route: intravenous	PRN		
	☑ HEParin, porcine (PF) injection 500 Units				
	Start: S Instructions: Concentration: 100 un Implanted Vascular Ac	Route: intra-catheter its/mL. Heparin flush for ccess Device	once PRN		
	maintenance.				