OP BELINOSTAT

Types: ONCOLOGY T *Synonyms:* BELINOSTAT ONCOLOGY TREATMENT

Cycle 1		Repeat 1	time	Cycle length: 21 days	
Day		tment Requests			Perform every 1 day x1
	Аррош	ONC INFUSION APPO	INTMENT REQUEST 4		
		Interval:	Occurrences:		
	Labs				
	Labo	COMPREHENSIVE ME	TABOLIC PANEL		
		Interval:	Occurrences:		
		CBC WITH PLATELET	AND DIFFERENTIAL		
		Interval:	Occurrences:		
		MAGNESIUM LEVEL	•		
		Interval:	Occurrences:		
	Nursing	g Orders			
		ONC NURSING COMM			
		Interval: Comments:	Occurrences:	er if ANC LESS than 100	0. Platelets I ESS than
		oommonto.	100,000.		
			,		
	Outpati	ent Electrolyte Replaceme	nt Protocol		
		TREATMENT CONDIT			
		Interval:	Occurrences:		
		Comments:	Potassium (Normal rang		the wide content
			o Protocol applies	s for SCr less than 1.5. C	unerwise, contact
				s only to same day lab va	lue.
				m less than 3.0mEq/L, g	
			PO and contact MD/NP		
				m 3.0 to 3.2mEq/L, give	
				m 3.3 to 3.4mEq/L, give m 3.5 mEq/L or greater,	
			replacement		do not give potassium
			•	criteria, order SmartSet	called "Outpatient
			Electrolyte Replacemen		
			• •	replacement order as Pe	er protocol: cosign
			required		
	-	TREATMENT CONDIT	IONS 40		
		Interval:	Occurrences:		
		Comments:	Magnesium (Normal rar		
				for SCr less than 1.5. C	therwise, contact
			MD/NP		1
				s only to same day lab va	give 2 gram magnesium
			sulfate IV and contact M		give 2 grain magnesium
				ium 1.0 to 1.2 mg/dL, giv	e 2 gram magnesium
			sulfate IV		
				ium 1.3 to 1.5 mg/dL, giv	e 1 gram magnesium
			sulfate IV o Serum Magnes	ium 1.6 mg/dL or greater	, do not give magnesium
			replacement	and i.o mg/ur of greater	, do not give magnesiulli
				criteria. order SmartSet	called "Outpatient

Electrolyte Replacement" o Sign electrolyte replacement o	rder as Pe	r protocol:	cosign
required			
Pre-Medications			
fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB Dose: 150 mg Route: intravenous once over 30 l	Minutes fo	r 1 dose	
Start: S Ingredients: Name Type FOSAPREPITANT Medications 150 MG INTRAVENOUS SOLUTION	Dose 150 mg	Selected Main Ingredient	Adds Vol. Yes
	145 mL	Yes	Yes
ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB			
Dose: 16 mg Route: intravenous once over 15 l Start: S	Minutes fo	r 1 dose	
	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
DEXAMETHASONE Medications 10 MG/ML INJECTION SOLUTION	10 mg	Yes	No
SODIUM Base CHLORIDE 0.9 % INTRAVENOUS SOLUTION	50 mL	Yes	Yes
DEXTROSE 5 % IN Base WATER (D5W) INTRAVENOUS SOLUTION	50 mL	No	Yes
Chemotherapy			
belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 I Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion	Minutes fo	r 1 dose	
occur, may increase infusion time to 45 minutes.			
Ingredients: Name Type BELINOSTAT 500 Medications MG INTRAVENOUS SOLUTION	Dose 1,000 mg/m2	Selected Main Ingredient	
SODIUM QS Base CHLORIDE 0.9 % INTRAVENOUS SOLUTION	250 mL	Yes	Yes
Line Flush			

	sodium chloride 0.9 Dose: 20 mL	Route: intravenous PRN
	Start: S	
Nursi	ng Orders	
	sodium chloride 0.9 Dose: 250 mL Start: S Instructions: To keep vein open	9 % infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
Hema	tology & Oncology Hyper ONC NURSING CO	sensitivity Reaction Standing Order
	Interval: Comments:	 Occurrences: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion. 2. Place the patient on continuous monitoring. 3. Obtain vital signs. 4. Administer Normal Saline at 50 mL per hour using a new bag and ne 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 COI Interval: Comments:	 Occurrences: Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal of back pain) Stop the infusion. Notify the CERT team and treating physician immediately. Place the patient on continuous monitoring. Obtain vital signs. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing. 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. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe). Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
	ONC NURSING COI Interval: Comments:	MMUNICATION 83 Occurrences: 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,

			 Place the patient on of Obtain vital signs. If heart rate is less the less than 90/50 mmHg, Administer Oxygen a maintain O2 saturation Administer Normal Sabag and new intravenou Administer Hydrocort to Hydrocortisone, please and Famotidine 20 mg i Administer Epinephri 	an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. 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
		diphenhydrAMINE (BI	ENADRYL) injection 25	
		mg		
		Dose: 25 mg Start: S	Route: intravenous	PRN
		fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
		famotidine (PEPCID) 2	20 mg/2 mL injection 20	
		mg	Deuterister	
		Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiu (Solu-CORTEF) injecti		
		Dose: 100 mg	Route: intravenous	PRN
		dexamethasone (DEC	ADRON) injection 4 mg	
		Dose: 4 mg Start: S	Route: intravenous	PRN
			ALIN) 1 mg/10 mL ADUI	.T
		injection syringe 0.3 n Dose: 0.3 mg	ng Route: subcutaneous	PRN
		Start: S	noule. Subcularieous	1 1 11
	Disch	arge Nursing Orders		
		ONC NURSING COMM		
		Interval: Comments:	Occurrences: Discontinue IV.	
		Commonto.		
	Disch	arge Nursing Orders		
		🔽 sodium chloride 0.9 %	6 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
		Concentration: 100 u Implanted Vascular A maintenance.	nits/mL. Heparin flush for access Device	
Day 2				Perform every 1 day x1
		ntment Requests		

ONC INFUSION APPOINTMENT REQUEST 4

Interval:	Occurrences:

Nursing Orders ONC NURSING COMMUNICATION 5

Interval:	Occurrences:
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than
	100,000.

Outpatient Electrolyte Replacement Protocol TREATMENT CONDITIONS 39

	TREATMENT CONDITIONS 39				
	Interval:	Occurrences:			
	Comments:	Potassium (Normal range 3.5 to 5.0mEq/L)			
		o Protocol applies for SCr less than 1.5. Otherwise, contact			
		MD/NP			
		o Protocol applies only to same day lab value.			
		o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or			
		PO and contact MD/NP			
		o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO			
		o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO			
		o Serum potassium 3.5 mEq/L or greater, do not give potassium			
		replacement			
		o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"			
		o Sign electrolyte replacement order as Per protocol: cosign			
		required			
	TREATMENT CON				
	Interval:	Occurrences:			
		Magnesium (Normal range 1.6 to 2.6 mg/dL)			
		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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP			
		o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV			
		o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium			
		sulfate IV			
		o Serum Magnesium 1.6 mg/dL 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			
Pre-N	Viedications				
Pre-N	Medications ondansetron (ZOF	-RAN) 16 mg, dexamethasone			
Pre-N	ondansetron (ZOF	FRAN) 16 mg, dexamethasone mg in sodium chloride 0.9%			
Pre-N	ondansetron (ZOF				
Pre-N	ondansetron (ZOF (DECADRON) 10 r				

Start: S	rioute. Intraverious	once over 15	WIIII ULES I	0110036		
Ingredients:	Name	Туре	Dose	Selected	Adds Vol.	
	ONDANSETRON	Medications	16 mg	Main	No	
	HCL 2 MG/ML			Ingredient	t	
	INTRAVENOUS			-		
	SOLUTION					
	DEXAMETHASONE	Medications	10 mg	Yes	No	
	10 MG/ML		-			
	INJECTION					
	SOLUTION					

		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemother	any	001011011				
ł	pelinostat 1,000 mg/m2 i					
 {	Start: S nstructions: HAZARDOUS Handle w 0.22 micron inline filter. other symptoms associa occur, may increase infu	oute: intravenous ith care. Infuse using If infusion site pain or ited with infusion	once over 30	Minutes fo	or 1 dose	
	minutes. Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	J	BELINOSTAT 500 MG INTRAVENOUS SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
Line Flush						
I	sodium chloride 0.9 % fli Dose: 20 mL R Start: S	u sh 20 mL oute: intravenous	PRN			
Nursing Or	ders					
l	sodium chloride 0.9 % in Dose: 250 mL R Start: S Instructions: To keep vein open.	f usion 250 mL oute: intravenous	once @ 30 m	IL/hr for 1 c	dose	
	y & Oncology Hypersensit		g Order			
	DNC NURSING COMMUN	NICATION 82 Occurrences:				
	Comments: G	irade 1 - MILD Sympton nly – itching, flushing, p				
	2	. Stop the infusion. . Place the patient on c	ontinuous mo	nitoring.		
		. Obtain vital signs. . Administer Normal Sa	line at 50 mL	per hour u	sing a new	bag and new
	5	travenous tubing. . If greater than or equa iphenhydramine, admi				
	6	nce. . If less than 30 minute dminister Fexofenadine				
	in 7.	travenous once. . Notify the treating phy	vsician.	-		J
	() 9	. If no improvement afte Moderate) or Grade 3 (Assess vital signs events therwise ordered by co	Severe). ery 15 minutes	until resol		
	ONC NURSING COMMUN	NICATION 4				

Interval: Comments:	gastrointestinal symptom vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	2 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. Aline at 150 mL per hour using a new bag and sone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg line 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM		
Interval:	Occurrences:	
Comments:	Grade 3 – SEVERE Syn compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrin 10. Assess vital signs ev otherwise ordered by co	a and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new is tubing. sone 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
· · ·	NADRYL) injection 25	
mg 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	0 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone sodium (Solu-CORTEF) injecti Dose: 100 mg		PRN

	dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADRENA	ALIN) 1 mg/10 mL ADUL	Т
	injection syringe 0.3 m Dose: 0.3 mg Start: S		PRN
Discharge	Nursing Orders		
5	ONC NURSING COMM	UNICATION 76	
	Interval: Comments:	Occurrences: Discontinue IV.	
Discharge	Nursing Orders		
	sodium chloride 0.9 %	flush 20 ml	
V			DDN
	Dose: 20 mL	Route: intravenous	PRN
\checkmark	HEParin, porcine (PF)	injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
	Implanted Vascular Administration: 100 ur Implanted Vascular Administration	nits/mL. Heparin flush for ccess Device	
ay 3			Perform every 1 day x1
	ent Requests		
	ONC INFUSION APPOI		
	Interval:	Occurrences:	
Nursing C			
	ONC NURSING COMM		
	Interval: Comments:	Occurrences: HOLD and notify provide 100,000.	er if ANC LESS than 1000; Platelets LESS than
Outpatien	t Electrolyte Replacemer	nt Protocol	
	TREATMENT CONDITI		
	Interval:	Occurrences:	
	Comments:	Potassium (Normal rang	
			for SCr less than 1.5. Otherwise, contact
		MD/NP	
			only to same day lab value. m less than 3.0mEq/L, give 40mEq KCL IV or
		PO and contact MD/NP	miless than 3.0meq/e, give fomeq ROE IV of
			m 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
			m 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
			m 3.5 mEq/L or greater, do not give potassium
		replacement	
			criteria, order SmartSet called "Outpatient
		Electrolyte Replacemen	
		o Sign electrolyte required	replacement order as Per protocol: cosign
	TREATMENT CONDITI	ONS 40	
	TREATMENT CONDITI	ONS 40 Occurrences:	
		Occurrences: Magnesium (Normal ran	
	Interval:	Occurrences: Magnesium (Normal ran o Protocol applies	nge 1.6 to 2.6 mg/dL) s for SCr less than 1.5. Otherwise, contact
	Interval:	Occurrences: Magnesium (Normal ran o Protocol applies MD/NP	for SCr less than 1.5. Otherwise, contact
	Interval:	Occurrences: Magnesium (Normal ran o Protocol applies MD/NP	

	o Serum Magnesi sulfate IV and contact M o Serum Magnesi sulfate IV o Serum Magnesi sulfate IV o Serum Magnesi replacement o If patient meets Electrolyte Replacement o Sign electrolyte required	D/NP um 1.0 to 1.2 um 1.3 to 1.5 um 1.6 mg/dL criteria, order t"	mg/dL, give mg/dL, give or greater, SmartSet o	e 2 gram m e 1 gram m do not give called "Outj	agnesium agnesium e magnesium patient
Pre-Medications					
ondansetron (ZOFRAN	 I6 mg, dexamethasor sodium chloride 0.9% 	ie			
Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS	Type Medications	Dose 16 mg		Adds Vol. No
	SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemotherapy					
belinostat 1,000 mg/m/ 0.9% 250 mL chemo IV					
Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	Route: intravenous with care. Infuse using r. If infusion site pain or	once over 30	Minutes fo	r 1 dose	
occur, may increase in minutes.	nfusion time to 45				
Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
_ine Flush					
sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nursina Orders					

	sodium chloride 0.9 % infusion 250 mL							
	sodium chloride 0.9 Dose: 250 mL Start: S Instructions: To keep vein open	Route: intravenous	once @ 30 mL/hr for 1 dose					
Hema	atology & Oncology Hyper ONC NURSING CO	sensitivity Reaction Standi	ng Order					
	Interval: Comments:	 Occurrences: Grade 1 - MILD Symptonly – itching, flushing 1. Stop the infusion. 2. Place the patient on 3. Obtain vital signs. 4. Administer Normal State intravenous tubing. 5. If greater than or equiphenhydramine, administer Fexofenadia intravenous once. 6. If less than 30 minutadminister Fexofenadia intravenous once. 7. Notify the treating p 8. If no improvement at (Moderate) or Grade 3 	after 15 minutes, advance level of care to Grade 2 3 (Severe). every 15 minutes until resolution of symptoms or					
	ONC NURSING CO	MMUNICATION 4						
	Interval: Comments:	 gastrointestinal symptory vomiting, dizziness, diaback pain) 1. Stop the infusion. 2. Notify the CERT teation of the second symptom of the second symptom of the second symptom of the second symptom of the symptom of the	Artisone 100 mg intravenous (if patient has allergy ase administer Dexamethasone 4 mg adine 180 mg orally and Famotidine 20 mg after 15 minutes, advance level of care to Grade 3 every 15 minutes until resolution of symptoms or					
	ONC NURSING CO Interval: Comments:	ymptoms (hypoxia, hypotension, or neurologic is or O2 saturation less than 92%, hypotension ssure less than 90 mmHg, confusion, collapse, , or incontinence)						

Stop the infusion.
 Notify the CERT team and treating physician immediately.
 Place the patient on continuous monitoring.
 Obtain vital signs.
 If heart rate is less than 50 or greater than 120. or blood pressure is

	 Administer Oxygen a maintain O2 saturation Administer Normal Sa bag and new intravenou Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i Administer Epinephri 	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
	E (BENADRYL) injection 25	
mg Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (AL Dose: 180 mg Start: S	LEGRA) tablet 180 mg Route: oral	PRN
famotidine (PEPC mg Dose: 20 mg Start: S	CID) 20 mg/2 mL injection 20 Route: intravenous	PRN
hydrocortisone s (Solu-CORTEF) ir Dose: 100 mg		PRN
dexamethasone (Dose: 4 mg Start: S	DECADRON) injection 4 mg Route: intravenous	PRN
epINEPHrine (AD injection syringe Dose: 0.3 mg Start: S	RENALIN) 1 mg/10 mL ADUI 0.3 mg Route: subcutaneous	_ T PRN
Discharge Nursing Orders ONC NURSING C Interval: Comments:	OMMUNICATION 76 Occurrences: Discontinue IV.	
Discharge Nursing Orders		
☑ sodium chloride (0.9 % flush 20 mL	
Dose: 20 mL	Route: intravenous	PRN
	(PF) injection 500 Units	
	Route: intra-catheter 00 units/mL. Heparin flush for Ilar Access Device	once PRN
	PPOINTMENT REQUEST 4	Perform every 1 day x1
Interval: Nursing Orders	Occurrences:	
	OMMUNICATION 5 Occurrences:	

	Comments:	HOLD and notify provide 100,000.	er if ANC LES	S than 100	0; Platelets	EESS than		
Outp	atient Electrolyte Replace	ment Protocol						
e citp	TREATMENT CON	DITIONS 39						
	Interval:	Occurrences:		- 4				
	Comments:	Potassium (Normal rang o Protocol applies			thorwing o	ontoot		
		o Protocol applies MD/NP		nan 1.5. U	the wise, c	ontact		
		o Protocol applies	only to same	day lab va	lue.			
		o Serum potassiu PO and contact MD/NP						
		o Serum potassiu						
		o Serum potassiu o Serum potassiu						
		replacement o If patient meets		SmartSet	called "Out	patient		
		Electrolyte Replacemen o Sign electrolyte		ordor as Pa	r protocol:	cosian		
		required	replacement			Cosign		
	TREATMENT CON							
	Interval: Comments:	Occurrences: Magnesium (Normal ran	ae 1 6 to 2 6 r	ma/dL)				
	Comments.	o Protocol applies			therwise, c	ontact		
		MD/NP						
		o Protocol applies				magaacium		
		o Serum Magnesi sulfate IV and contact M		1.0 mg/aL,	give z grai	In magnesium		
		o Serum Magnesi		mg/dL, giv	e 2 gram m	agnesium		
		sulfate IV		, 11 .				
		o Serum Magnesi sulfate IV	um 1.3 to 1.5	mg/dL, giv	e 1 gram m	agnesium		
		o Serum Magnesi	um 1.6 mg/dL	or greater	, do not giv	e magnesium		
		replacement		-				
		o If patient meets Electrolyte Replacemen		SmartSet	called "Out	patient		
		o Sign electrolyte		order as Pe	er protocol:	cosign		
	required							
Dro A	Andiantiana							
Pre-N	Aedications ondansetron (ZOF	RAN) 16 mg, dexamethasor	ne					
	(DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB							
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	or 1 dose			
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.		
		ONDANSETRON	Medications	16 mg	Main	No		
		HCL 2 MG/ML INTRAVENOUS			Ingredient	Ι		
		SOLUTION						
		DEXAMETHASONE	Medications	10 mg	Yes	No		
		10 MG/ML						
		INJECTION SOLUTION						
		SODIUM	Base	50 mL	Yes	Yes		
		CHLORIDE 0.9 %						
		INTRAVENOUS						
		SOLUTION DEXTROSE 5 % IN	Base	50 mL	No	Yes		
			2400	JUIL				

herapy	WATER (D5W) INTRAVENOUS SOLUTION				
0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt	Route: intravenous e with care. Infuse using er. If infusion site pain or	once over 30	Minutes fo	or 1 dose	
	infusion time to 45 Name BELINOSTAT 500	Type Medications QS Base	Dose 1,000 mg/m2 250 mL	Main	Adds Vol. Yes Yes
sh					
	6 flush 20 mL Route: intravenous	PRN			
Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous		L/hr for 1 o	dose	
	 JUNICATION 82 Occurrences: Grade 1 - MILD Sympto only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equa Diphenhydramine, administer Fexofenading intravenous once. 6. If less than 30 minute administer Fexofenading intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs even 	ms (cutaneous periorbital ede continuous mo aline at 50 mL al to 30 minute nister Diphent s since the las e 180 mg orall ysician. er 15 minutes Severe). ery 15 minutes	ma, rash, o nitoring. per hour u es since the nydramine st dose of I y and Fam , advance I s until resol	or runny no sing a new e last dose 25 mg intra Diphenhydra lotidine 20 r evel of care	bag and new of venous amine, ng e to Grade 2
ONC NURSING COMM Interval: Comments:	MUNICATION 4 Occurrences: Grade 2 – MODERATE	Symptoms (c	ardiovascu	lar respirat	ory or
	Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase minutes. Ingredients: Ingredients: Ingredients: Dose: 20 mL Start: S Orders sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open. ONC NURSING COMM Interval: Comments:	Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION Solution Start: S Instructions: To keep vein open. Sogy & Oncology Hypersensitivity Reaction Standing ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Sympto only – itching, flushing, 1 1. Stop the infusion. 2. Place the patient on co 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equa Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenadime intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs eve otherwise ordered by co	Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM OS Base CHLORIDE 0.9 % INTRAVENOUS SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Solut chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Orders Sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Solut: intravenous Solut: S Instructions: To keep vein open. Sogy & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneous only - itching, flushing, periorbital ede 1. Stop the infusion. 2. Place the patient on continuous mo 3. Obtain vital signs. 4. Administer Normal Saline at 50 mL intravenous tubing. 5. If greater than or equal to 30 minutes Diphenhydramine, administer Diphent once. 6. If less than 30 minutes since the las administer Fexofenadine 180 mg orall intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes otherwise ordered by covering physici	Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name SOLUTION SOLU	Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 Medications 1,000 Main MG INTRAVENOUS SOLUTION SODIUM OS Base 250 mL Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Solution Solute: intravenous SOLUTION Start: S Instructions: To keep vein open. OX CHURSING COMMUNICATION 82 Interval: - Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous s only – itching, flushing, periorbital edema, rash, or runny no 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine 25 m gintra once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of care (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of syr otherwise ordered by covering physician.

	 Place the patient on Obtain vital signs. Administer Oxygen a maintain O2 saturation Administer Normal S new intravenous tubing Administer Hydrocon to Hydrocortisone, plea intravenous), Fexofena intravenous once. If no improvement a (Severe). 	rtisone 100 mg intravenous (if patient has allergy ase administer Dexamethasone 4 mg adine 180 mg orally and Famotidine 20 mg fter 15 minutes, advance level of care to Grade 3 very 15 minutes until resolution of symptoms or
ONC NURSING COMI Interval: Comments:	Occurrences: Grade 3 – SEVERE Sy compromise – cyanosi with systolic blood pres loss of consciousness, 1. Stop the infusion. 2. Notify the CERT tea 3. Place the patient on 4. Obtain vital signs. 5. If heart rate is less th less than 90/50 mmHg 6. Administer Oxygen a maintain O2 saturation 7. Administer Normal S bag and new intravence 8. Administer Hydrocon to Hydrocortisone, plea and Famotidine 20 mg 9. Administer Epinephr 10. Assess vital signs o	m 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 covering physician.
	ENADRYL) injection 25	
mg Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
	20 mg/2 mL injection 20)
mg Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN
Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
onINEDUring (ADDEN		

epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT iniection svrinae 0.3 ma

Disch	Dose: 0.3 mg	Route: subcutaneous PRN						
Disch	Start: S	Houle. Subculareous Trin						
	arge Nursing Orders							
	ONC NURSING CO	MMUNICATION 76						
	Interval:	Occurrences:						
	Comments:	Discontinue IV.						
Disch	arge 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: 10	0 units/mL. Heparin flush for						
	Implanted Vascula							
	maintenance.							
Day 5 Appoi	ntment Requests	Perform every 1 day x1						
		POINTMENT REQUEST 4						
	Interval:	Occurrences:						
Nursir	ng Orders							
	ONC NURSING CO	MMUNICATION 5						
	Interval:	Occurrences:						
	Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than						
		100,000.						
Outpa	tient Electrolyte Replace							
		ment Protocol						
e atpe	TREATMENT CON							
	TREATMENT CON Interval:	DITIONS 39 Occurrences:						
00.00	TREATMENT CON	DITIONS 39 Occurrences: Potassium (Normal range 3.5 to 5.0mEq/L)						
	TREATMENT CON Interval:	DITIONS 39 Occurrences: Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact						
	TREATMENT CON Interval:	DITIONS 39 Occurrences: Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP						
	TREATMENT CON Interval:	DITIONS 39 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.						
	TREATMENT CON Interval:	DITIONS 39 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						
	TREATMENT CON Interval:	DITIONS 39 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						
	TREATMENT CON Interval:	DITIONS 39 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						
	TREATMENT CON Interval:	DITIONS 39 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 o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO						
	TREATMENT CON Interval:	DITIONS 39 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 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						
	TREATMENT CON Interval:	DITIONS 39 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 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						
	TREATMENT CON Interval:	DITIONS 39 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 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						
	TREATMENT CON Interval:	DITIONS 39 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 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"						
	TREATMENT CON Interval:	DITIONS 39 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 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						
	TREATMENT CON Interval:	DITIONS 39 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 o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required						
	TREATMENT CON Interval: Comments:	DITIONS 39 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 o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required						
	TREATMENT CON Interval: Comments: TREATMENT CON	DITIONS 39 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 o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required						
	TREATMENT CON Interval: Comments: TREATMENT CON Interval:	DITIONS 39 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 o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact						
	TREATMENT CON Interval: Comments: TREATMENT CON Interval:	DITIONS 39 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 Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.5 to 3.4mEq/L, give 20mEq KCL IV or PO o 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 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) Protocol applies for SCr less than 1.5. Otherwise, contact						
	TREATMENT CON Interval: Comments: TREATMENT CON Interval:	DITIONS 39 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 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 o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocol: cosign required Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies for SCr less than 1.5. Otherwise, contact						
	TREATMENT CON Interval: Comments: TREATMENT CON Interval:	DITIONS 39 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 Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.0 to 3.2mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 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 o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocol: cosign required Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Orccurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) O o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP O o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium						
	TREATMENT CON Interval: Comments: TREATMENT CON Interval:	DITIONS 39 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 Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.0 to 3.2mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement Sign electrolyte replacement order as Per protocol: cosign o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign required Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Protocol applies only to same day lab value. o Protocol applies only to same day lab value. o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium						
	TREATMENT CON Interval: Comments: TREATMENT CON Interval:	DITIONS 39 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 Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.0 to 3.2mEq/L, give 20mEq KCL IV or PO o 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 DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Protocol applies only to same day lab value.						

		sulfate IV o Serum Magnesi replacement o If patient meets Electrolyte Replacement o Sign electrolyte required	criteria, order t"	SmartSet	called "Out	patient
Pre-M	ledications					
		N) 16 mg, dexamethasor in sodium chloride 0.9% Route: intravenous	ne once over 15	Minutos f	or 1 doso	
	Start: S	noule. Intravenous	once over 15	willinges in	01 1 0056	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chom	otherapy	SOLUTION				
	belinostat 1,000 mg/r 0.9% 250 mL chemo Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Hand 0.22 micron inline fil	Route: intravenous le with care. Infuse using ter. If infusion site pain or ociated with infusion infusion time to 45 Name BELINOSTAT 500	once over 30 Type Medications	Dose 1,000	Selected Main	Adds Vol. Yes
		MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	mg/m2 250 mL	Ingredient Yes	Yes
Line F	lush					
	sodium chloride 0.9 ° Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
	ng Orders					
Nursir	ig oracio					

Hematology & Oncology Hypersensitivity Reaction Standing Order

sensitivity Reaction Standing Order
MMUNICATION 82
Occurrences:
Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion.
2. Place the patient on continuous monitoring.
 Obtain vital signs. 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.
 Notify the treating physician. 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.
MMUNICATION 4
Occurrences:
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.
 Notify the CERT team and treating physician immediately. Place the patient on continuous monitoring.
4. Obtain vital signs.
Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
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.
MMUNICATION 83
Occurrences:
Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension

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.

					to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrin	ne (1:1000) 0.3 mg subcu very 15 minutes until reso	utaneous.
				diphenhydrAMINE (BE	NADRYL) injection 25		
				mg Dose: 25 mg Start: S	Route: intravenous	PRN	
				fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN	
					0 mg/2 mL injection 20		
				mg Dose: 20 mg Start: S	Route: intravenous	PRN	
				hydrocortisone sodiun (Solu-CORTEF) injectio Dose: 100 mg		PRN	
				dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
					LIN) 1 mg/10 mL ADUL	.T	
				injection syringe 0.3 m Dose: 0.3 mg Start: S	g Route: subcutaneous	PRN	
		Disch		Nursing Orders ONC NURSING COMM			
				Interval: Comments:	Occurrences: Discontinue IV.		
		Disch	arge	Nursing Orders			
			\checkmark	sodium chloride 0.9 %	flush 20 mL		
				Dose: 20 mL	Route: intravenous	PRN	
			\checkmark	HEParin, porcine (PF)	injection 500 Units		
				Implanted Vascular A	Route: intra-catheter hits/mL. Heparin flush for ccess Device	once PRN	
				maintenance.			
Cycle	2 Day 1	1		Repeat 1	time	Cycle length: 21 days	Perform every 1 day x1
				ent Requests ONC INFUSION APPOI Interval:	NTMENT REQUEST 4 Occurrences:		
		Labs					
		Labo		COMPREHENSIVE ME			
				Interval: CBC WITH PLATELET	Occurrences:		
				Interval:	Occurrences:		
				MAGNESIUM LEVEL			

Interval:	Occurrences:
Nursing Orders	
ONC NURSING COM Interval: Comments:	MUNICATION 5 Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Outpatient Electrolyte Replaceme	ent Protocol
TREATMENT CONDIT Interval: Comments:	
	required
TREATMENT CONDIT	FIONS 40
Interval: Comments:	Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV o Serum Magnesium 1.6 mg/dL 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
Pre-Medications	
fosaprepitant (EMENI chloride 0.9% 150 mL Dose: 150 mg Start: S Ingredients:	
	N) 16 mg, dexamethasone in sodium chloride 0.9%

S0 mt, IVPB Start: S Route: Intravenous once over 15 Minutes for 1 dose Name Type Dose Selected Adds Vol. Main Name Type Dose Selected Adds Vol. Main Name Type Dose Selected Adds Vol. Main No Ingredient Main No No No DEXAMETHASONE Medications 10 mg Yes No SOLUTION SOLUTION Base 50 mL Yes Yes SOLUTION SOLUTION Base 50 mL No Yes VestROSE 5 % IN Base 50 mL No Yes Yes SolutTION SOLUTION SolutTION No Yes Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using O.22 micron inline filter. I finusion site pain or other symptoms associated with infusion noccur, may increase infusion time to 45 minutes. Main Yes Yes Yes Yes Yes Yes Yes Solution Solution Ingredient Solution Solution							
Ingredients: Name Type Dose 16 mg Selected Adds Vol. Main No Ingredient No Ingredient No SOLUTION SOLUTION 10 mg Yes No DEXAME THARCONE Medications 10 mg Yes No No NUMECTION SOLUTION SOLUTION SOLUTION Yes Yes SOLUTION SOLUTION SOLUTION No Yes Yes Chemotherapy Determine Yes Yes Yes Yes belinostat 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start 3 Instructions: HAZARDOUS Solution Ingredients Main Ves Yes No Yes Yes User Court, may Increase infusion time to 45 minutes. Ingredients: No Ingredients: Name Type Dose Selected Adds Vol. Main No Yes Yes Yes Yes Ingredients: Name Type Dose Selected Adds Vol. Minutes. Main Yes Main Yes Ingredients: Name Type Dose Selected Adds Vol. Main Yes <th></th> <td></td> <td>Route: intravenous</td> <td>once over 15</td> <td>Minutes fo</td> <td>r 1 dose</td> <td></td>			Route: intravenous	once over 15	Minutes fo	r 1 dose	
DEXAMETHASONE Medications 10 mg Yes No MGMU. NUNECTION SOLUTION SOLUTION Yes Yes SOLUTION SOLUTION Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes Chemotherapy Edinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1.000 ng/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1.000 ng/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1.000 ng/m2 in sodium chloride Main Yes Yes Dose: 1.000 mg/m2 in sodium chloride 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time 145 minutes. Ingredients: Name Type Dose Selected Adds Vol. MG INTRAVENOUS SOLUTION QS Base 250 mL Yes Yes SOLUTION SOLUTION QS Base 250 mL Yes Yes Line Flush SOLUTION QS Base 250 mL Yes Yes Start: S Nurravenous Once (@ 30 mL/hr for 1 dose Start: S Start: S Nuretoron			ONDANSETRON HCL 2 MG/ML INTRAVENOUS			Main	No
SODIUM Base 50 mL Yes Yes CHLORIDE 0.9 %, INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes Vestraces WATER (DSW) INTRAVENOUS SOLUTION No Yes Yes Chemotherapy Editostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB once over 30 Minutes for 1 dose Stat: 5 Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. It infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Type Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. SOLUTION SOLUTION QS Base 250 mL Yes Yes Ingredients: Name Type Dose: 1,000 Minutes for 1 dose Main Yes SOLUTION SOLUTION QS Base 250 mL Yes Yes SOLUTION SOLUTION SOLUTION SOLUTION Yes Yes Yes SOLUTION SOLUTION SOLUTION SOLUTION Yes Yes Yes Social contemporter Social contemporter Social contemotion Yes Ye			DEXAMETHASONE 10 MG/ML INJECTION	Medications	10 mg	Yes	No
Line Flush Social Check of the series of the			SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Type Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. MG INTRAVENOUS SOLUTION BELINOSTAT 500 MG INTRAVENOUS SOLUTION Main Yes Line Flush Sodium chloride 0.9 % flush 20 mL Dose: 20 mL OS Base 250 mL Yes 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. Route: intravenous once @ 30 mL/hr for 1 dose Start: S Hematology & Oncology Hypersensitivity Reaction Standing Order Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - tiching, 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 ubling.			DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	No	Yes
belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM SODIUM SODIUM CH-ORIDE 0.9 % INTRAVENOUS SOLUTION Line Flush Start: S Nursing Orders sodium chloride 0.9 % flush 20 mL Dose: 250 mL Start: S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start	Chem	otherapy					
0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Statr: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. MG INTRAVENOUS Medications 1,000 Main Yes SODIUM SOBLUTION SOBLUTION mg/m2 Ingredient SODIUM QS Base 250 mL Yes Yes Ves SOLUTION SOBLUTION SOBLUTION SOBLUTION Soburtion Line Flush Sodium chloride 0.9 % flush 20 mL Osse: 250 mL Yes Yes Statr: S Nursing Orders Statr: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order OCC NURSING COMMUNICATION 82 Interval: 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 vi	Onem		2 in sodium chloride				
other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Name Type Dose Selected Adds Vol. Ingredients: Name Type Medications 1,000 Main Yes SOLUTION SOLUTION SOLUTION SOLUTION Ingredient Ingredient SOLUTION SOLUTION GS Base 250 mL Yes Yes Line Flush Solution OS Base 250 mL Yes Yes Solution Solution OS Base 250 mL Yes Yes Nursing Orders Solution PRN Start: S Solution Solution Solution Solution Nursing Orders Solutions: To keep vein open. Route: intravenous once @ 30 mL/hr for 1 dose Start: S Hematology & Oncology Hypersensitivity Reaction Standing Order OCcurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion. 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.		0.9% 250 mL chemo IV Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	/PB Route: intravenous with care. Infuse using	once over 30	Minutes fo	r 1 dose	
BELINOSTAT 500 Medications 1,000 Main Yes MG INTRAVENOUS mg/m2 Ingredient SOLUTION SODIUM QS Base 250 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION Yes Yes Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Yes Yes Start: S 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. To keep vein open. To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order 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. So mu per hour using a new bag and new intravenous tubing.		other symptoms asso occur, may increase i minutes.	ciated with infusion nfusion time to 45				
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION QS Base 250 mL Yes Yes Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Route: intravenous PRN Nursing Orders Route: intravenous PRN Start: S Norse: 250 mL Dose: 250 mL Start: S Route: intravenous once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: 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. Stop the infusion.		Ingredients:	BELINOSTAT 500 MG INTRAVENOUS	Medications	1,000	Main	Yes
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. 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.			SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	250 mL	Yes	Yes
sodium chloride 0.9 % flush 20 mL Boute: intravenous PRN Start: S Route: intravenous PRN Nursing Orders sodium chloride 0.9 % infusion 250 mL once @ 30 mL/hr for 1 dose Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order 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.	l ine F	lush					
sodium chloride 0.9 % infusion 250 mL Boute: intravenous once @ 30 mL/hr for 1 dose Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. 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.		sodium chloride 0.9 % Dose: 20 mL		PRN			
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. 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.	Nursir	ng Orders					
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.		sodium chloride 0.9 % Dose: 250 mL Start: S Instructions:		once @ 30 m	L/hr for 1 c	lose	
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. 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.	Hema	tology & Oncology Hyperser	sitivity Reaction Standing	n Order			
 Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing. 	i leine	ONC NURSING COMM Interval:	IUNICATION 82 Occurrences: Grade 1 - MILD Sympton	ms (cutaneou			
			 Stop the infusion. Place the patient on c 	continuous mo	nitoring.		

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

ONC NURSING COMM Interval:	UNICATION 4 Occurrences:	
Comments:	Grade 2 – MODERATE gastrointestinal symptor vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg ter 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM	UNICATION 83	
Interval: Comments:	Occurrences: Grade 3 – SEVERE Syn compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrit 10. Assess vital signs et otherwise ordered by co	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) intravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
diphenhydrAMINE (BE	NADRYL) injection 25	
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	0 mg/2 mL injection 20	
		mg Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiu (Solu-CORTEF) injecti Dose: 100 mg		PRN
		dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
		epINEPHrine (ADREN/ injection syringe 0.3 n Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL ng Route: subcutaneous	- T PRN
	Disch	arge Nursing Orders		
	DISCH	ONC NURSING COMM	IUNICATION 76	
		Interval: Comments:	Occurrences: Discontinue IV.	
	Discha	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
Day 2	2			Perform every 1 day x1
Day		ntment Requests		Fendini every i day xi
	- 1- I	ONC INFUSION APPO Interval:	INTMENT REQUEST 4 Occurrences:	
	Nursir	ng Orders ONC NURSING COMM Interval: Comments:	Occurrences:	er if ANC LESS than 1000; Platelets LESS than
	Outpa	tient Electrolyte Replacemer	nt Protocol	
	Cuipa	TREATMENT CONDIT		
		Interval:	Occurrences:	
		Comments:	MD/NP	s for SCr less than 1.5. Otherwise, contact
			o Serum potassiu PO and contact MD/NP o Serum potassiu o Serum potassiu	s only to same day lab value. m less than 3.0mEq/L, give 40mEq KCL IV or m 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO m 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO m 3.5 mEq/L or greater, do not give potassium
			replacement	

If patient meets criteria, order SmartSet called "Outpatient 0 Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign 0 required **TREATMENT CONDITIONS 40** Interval: --Occurrences: --Magnesium (Normal range 1.6 to 2.6 mg/dL) Comments: Protocol applies for SCr less than 1.5. Otherwise, contact 0 MD/NP Protocol applies only to same day lab value. 0 Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium 0 sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium 0 sulfate IV Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium 0 sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not give magnesium 0 replacement If patient meets criteria, order SmartSet called "Outpatient 0 Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign 0 required

Pre-Medications

Ch

re-iv	leaications					
	ondansetron (ZOFRAN) (DECADRON) 10 mg in 50 mL IVPB	sodium chloride 0.9%				
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
hem	notherapy					
	belinostat 1,000 mg/m2 0.9% 250 mL chemo IVI	РВ	once over 30		* 1 deee	
	Start: S Instructions: HAZARDOUS Handle 0.22 micron inline filter other symptoms assoc occur, may increase in minutes.	. If infusion site pain or iated with infusion	once over 30	Minutes to	ridose	
	Ingredients:	Name BELINOSTAT 500	Type Medications	Dose 1,000	Selected Main	Adds Vol. Yes

		MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	S QS Base	mg/m2 250 mL	Ingredie Yes	nt Yes
Line		SOLUTION				
Line I	sodium chloride 0.9 Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
Nursi	ng Orders					
	sodium chloride 0.9 ° Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous	once @ 30	mL/hr for 1	dose	
Hema	atology & Oncology Hyperse ONC NURSING COM		g Order			
	Interval: Comments:	 Occurrences: Grade 1 - MILD Sympton only itching, flushing, 1. Stop the infusion. 2. Place the patient on of 3. Obtain vital signs. 4. Administer Normal Saintravenous tubing. 5. If greater than or equiding big the second second	periorbital ed continuous m aline at 50 m al to 30 minu inister Dipher es since the la e 180 mg ora ysician. ter 15 minute (Severe). ery 15 minute	ema, rash, onitoring. L per hour u tes since th hhydramine ast dose of Illy and Fan s, advance es until reso	or runny n using a ner le last dos 25 mg int Diphenhyc notidine 20 level of ca	w bag and ne e of ravenous dramine,) mg
	ONC NURSING COM Interval: Comments:	 MUNICATION 4 Occurrences: Grade 2 – MODERATE gastrointestinal sympton vomiting, dizziness, dial back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen a maintain O2 saturation 6. Administer Normal Sinew intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, please intravenous), Fexofenate intravenous once. 8. If no improvement aff (Severe). 9. Assess vital signs ev otherwise ordered by compared to the second secon	ms – shortne phoresis, thro n and treating continuous m t 2 L per mini of greater tha aline at 150 m isone 100 m isone 100 m ise administer dine 180 mg ter 15 minute ery 15 minute	ss of breath bat or chest onitoring. ute via nasa n or equal nL per hour g intravenou Dexameth orally and F s, advance	i, wheezing tightness, immediate al cannula. to 92%. using a no us (if patien asone 4 m amotidine level of ca	g, nausea, abdominal of ely. Titrate to ew bag and nt has allergy g 20 mg are to Grade 3

ONC NURSING COMMUNICATION 83

	ONC NURSING COM		
	Interval: Comments:	 compromise – cyanosis with systolic blood pressions of consciousness, 1. Stop the infusion. 2. Notify the CERT tear 3. Place the patient on etail 4. Obtain vital signs. 5. If heart rate is less the less than 90/50 mmHg, 6. Administer Oxygen a maintain O2 saturation 7. Administer Normal Schag and new intravenou 8. Administer Hydrocort to Hydrocortisone, plear and Famotidine 20 mg it 9. Administer Epinephri 	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. 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
	mg Dose: 25 mg	BENADRYL) injection 25 Route: intravenous	PRN
	Start: S		
	fexofenadine (ALLE) Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN
	· · ·	20 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg		PRN
	dexamethasone (DE Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADRE injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADUI mg Route: subcutaneous	- T PRN
Disch	narge Nursing Orders		
	ONC NURSING COM Interval: Comments:	MUNICATION 76 Occurrences: Discontinue IV.	
Disch	narge Nursing Orders		
	Sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (PI	F) injection 500 Units	
	Dose: 500 Units Start: S	Route: intra-catheter	once PRN

3					Perform e	very 1 day x
Appoin	tment Requests ONC INFUSION AF Interval:	PPOINTMENT REQUEST 4				
Nursing	g Orders	Occurrences:				
	ONC NURSING CC Interval:	OCCURENCES:				
	Comments:	HOLD and notify provid 100,000.	der if ANC LES	S than 100	00; Platelets	LESS than
Outpat	ient Electrolyte Replace	ement Protocol				
	TREATMENT CON	IDITIONS 39				
	Interval: Comments:	Occurrences: Potassium (Normal rar o Protocol applie MD/NP	ige 3.5 to 5.0m is for SCr less t		Otherwise, c	ontact
		o Protocol applie	es only to same um less than 3.			KCL IV or
		o Serum potassi o Serum potassi	um 3.0 to 3.2m um 3.3 to 3.4m um 3.5 mEq/L o	Eq/L, give	20mEq KC	L IV or PO
		Electrolyte Replaceme	s criteria, order nt" e replacement o			
	TREATMENT CON	required				
	Interval: Comments:	Occurrences: Magnesium (Normal ra o Protocol applie	nge 1.6 to 2.6 i s for SCr less t)therwise, c	ontact
		MD/NP o Protocol applie	es only to same sium less than	day lab va	alue.	
		sulfate IV and contact		•		-
		o Serum Magnes sulfate IV	sium 1.3 to 1.5		-	_
		replacement	sium 1.6 mg/dL s criteria, order nt"	-	-	-
			e replacement o	order as P	er protocol:	cosign
Pre-Me	dications					
		RAN) 16 mg, dexamethasong in sodium chloride 0.9%				
	Dose: 16 mg	Route: intravenous	once over 15	Minutes f	or 1 dose	
	Start: S Ingredients:	Name ONDANSETRON	Type Medications	Dose 16 mg	Selected Main	Adds Vol. No

	10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Medications Base	10 mg 50 mL	Yes Yes	No Yes
	SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
therapy					
belinostat 1,000 mg/m 0.9% 250 mL chemo l Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle 0.22 micron inline filte other symptoms asso occur, may increase	VPB Route: intravenous e with care. Infuse using er. If infusion site pain or ociated with infusion	once over 30	Minutes fo	or 1 dose	
Ingredients:	SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Type Medications OS Base	Dose 1,000 mg/m2 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes t Yes
ush sodium chloride 0.9 % Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN			
Orders					
	6 infusion 250 mL Route: intravenous	once @ 30 m	וL/hr for 1 מ	dose	
ology & Oncology Hyperse	nsitivity Reaction Standing	g Order			
	 MUNICATION 82 Occurrences: Grade 1 - MILD Sympto only – itching, flushing, j 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equal 	ms (cutaneou periorbital ede continuous mo aline at 50 mL al to 30 minute	ma, rash, o nitoring. per hour u es since the	or runny no sing a new e last dose	bag and new
	0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase minutes. Ingredients: Ingredients: Ingredients: Jose: 20 mL Start: S Orders sodium chloride 0.9 % Dose: 20 mL Start: S Jose: 250 mL Start: S Instructions: To keep vein open.	SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION Destroses 5 % IN WATER (D5W) INTRAVENOUS SOLUTION Eblinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM CHLOR	SOLUTION DEXAMETHASONE Medications 10 MG/ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN Base WATER (D5W) INTRAVENOUS SOLUTION therapy belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micro inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 MG (INTRAVENOUS SOLUTION SODIUM GINTRAVENOUS SOLUTION SODIUM CALORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM Dose: 20 mL Start: S 10 Orders sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S 10 Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start: S 10 Start: S 10 S	SOLUTION DEXAMETHASONE Medications 10 mg 10 MG/ML INJECTION SODUTION SODUTION SODUTION SODUTION SOLUTION DEXTROSE 5 % IN Base 50 mL CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL WATER (D5W) INTRAVENOUS SOLUTION therapy belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name Type Dose MG INTRAVENOUS 00 MEDIUM SODIUM OS Base 250 mL CHLORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM OS Base 250 mL Dose: 20 mL Start: S Instructions: To keep vein open. Dogy & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneous and subc only - tiching, flushing, periorbital edema, rash, of 1. Stop the infusion. 2. Place the patient on continuous monitoring. 3. Obtain vital signs. 4. Administer Normal Saline at 50 mL per hour u intravenous tubing. 5. If greater than or equal to 30 minutes since the	SOLUTION DEXAMETHASONE Medications 10 mg Yes 10 MG/ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN Base 50 mL Yes OF MARKENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No WATER (DSW) INTRAVENOUS SOLUTION Desc: 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dosse: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: 5 Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name SOLUTION

	 8. If no improvement after 15 minutes, advance level of care to Grade (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
ONC NURSING CO	OMMUNICATION 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, 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 (Severe).
	9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
ONC NURSING CO	OMMUNICATION 83
Interval: Comments:	 Occurrences: 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 back and new intravenous tubics.
	 bag and new intravenous tubing. 8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenou 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 o otherwise ordered by covering physician.
diphenhydrAMINE	(BENADRYL) injection 25
mg Dose: 25 mg Start: S	Route: intravenous PRN
fexofenadine (ALL	EGRA) tablet 180 mg Route: oral PRN
Dose: 180 mg Start: S	
Start: S	ID) 20 mg/2 mL injection 20

	Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg		PRN
	dexamethasone (DE Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREI injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADU mg Route: subcutaneous	LT PRN
Disch	arge Nursing Orders ONC NURSING COM Interval: Comments:	MUNICATION 76 Occurrences: Discontinue IV.	
Diach			
Discr	narge Nursing Orders	% fluch 20 ml	
	Dose: 20 mL	Route: intravenous	PRN
	☑ HEParin, porcine (PF	F) injection 500 Units	
		Route: intra-catheter units/mL. Heparin flush for	once PRN
	Implanted Vascular maintenance.	Access Device	
ay 4 Appo	intment Requests ONC INFUSION APP Interval:	OINTMENT REQUEST 4	Perform every 1 day x
Nurs	ing Orders		
	ONC NURSING COM Interval:	MUNICATION 5 Occurrences:	
	Comments:	HOLD and notify provic 100,000.	ler if ANC LESS than 1000; Platelets LESS than
Outp	Comments: atient Electrolyte Replacem TREATMENT CONDI	100,000. ent Protocol	ler if ANC LESS than 1000; Platelets LESS than

	TREATMENT CONDIT	IONS 40				
	Interval:	Occurrences:				
	Comments:	Magnesium (Normal ran				
		o Protocol applies	for SCr less t	han 1.5. C	Otherwise, c	ontact
		MD/NP				
		o Protocol applies				
		o Serum Magnesi sulfate IV and contact M		1.0 mg/aL	, give z grar	n magnesium
		o Serum Magnesi		ma/dl aiv	ve 2 gram m	agnesium
		sulfate IV		ing/ac, giv	o z gramm	lagricolarii
		o Serum Magnesi	um 1.3 to 1.5	mg/dL, giv	ve 1 gram m	agnesium
		sulfate IV				
		o Serum Magnesi	um 1.6 mg/dL	or greater	r, do not giv	e magnesium
		replacement	aultaulta audau	0	a all a al "Out	
		o If patient meets Electrolyte Replacement		Smansei	called Out	patient
		o Sign electrolyte		order as P	er protocol:	cosian
		required	- epideomont (o. p. 0.0001.	coolgii
Pre-N	ledications					
		N) 16 mg, dexamethasor	ne			
		n sodium chloride 0.9%				
	50 mL IVPB	D				
	Dose: 16 mg	Route: intravenous	once over 15	Minutes f	or 1 dose	
	Start: S Ingredients:	Name	Туре	Dose	Salactad	Adds Vol.
	ingreatents.	ONDANSETRON	Medications		Main	No
		HCL 2 MG/ML	modicationic	i o mg	Ingredient	-
		INTRAVENOUS			3	
		SOLUTION				
		DEXAMETHASONE	Medications	10 mg	Yes	No
		10 MG/ML				
		INJECTION				
		INJECTION SOLUTION	Base	50 ml	Vas	Voc
		INJECTION SOLUTION SODIUM	Base	50 mL	Yes	Yes
		INJECTION SOLUTION	Base	50 mL	Yes	Yes
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN		50 mL 50 mL	Yes No	Yes Yes
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)				
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS				
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)				
Chem	notherapy	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION				
Cherr	belinostat 1,000 mg/n	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION				
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION		50 mL	No	
Chen	belinostat 1,000 mg/n	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	
Chen	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Hand	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using	Base	50 mL	No	
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or	Base	50 mL	No	
Chen	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asse	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	Base	50 mL	No	
Chem	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	Base	50 mL	No	
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase minutes.	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion infusion time to 45	Base once over 30	50 mL Minutes f	No or 1 dose	Yes
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	Base	50 mL	No or 1 dose	

Ingredients:	Name BELINOSTAT 500 MG INTRAVENOUS		Dose 1,000 mg/m2	Selected Main Ingredient	Adds Vol. Yes
	SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Line Flu	ish		
	sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	Start: S		
Nursing	g 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		
Hemate		sensitivity Reaction Stand	ng Order
	ONC NURSING CON Interval:	Occurrences:	
	Comments:		toms (cutaneous and subcutaneous symptoms
	Commonitor		, periorbital edema, rash, or runny nose)
		1. Stop the infusion.	
			n continuous monitoring.
		3. Obtain vital signs.	
			Saline at 50 mL per hour using a new bag and ne
		intravenous tubing.	ual to 30 minutes since the last dose of
			minister Diphenhydramine 25 mg intravenous
		once.	
		6. If less than 30 minu	tes since the last dose of Diphenhydramine,
			ine 180 mg orally and Famotidine 20 mg
		intravenous once.	
		7. Notify the treating p	nysician. after 15 minutes, advance level of care to Grade 2
		(Moderate) or Grade 3	
			every 15 minutes until resolution of symptoms or
		otherwise ordered by	
	ONC NURSING COM		
	Interval:	Occurrences:	
	Comments:		E Symptoms (cardiovascular, respiratory, or oms – shortness of breath, wheezing, nausea,
			aphoresis, throat or chest tightness, abdominal c
		back pain)	
		1. Stop the infusion.	
			am and treating physician immediately.
			n continuous monitoring.
		 Obtain vital signs. Administer Oxygen 	at 2 L per minute via nasal cannula. Titrate to
			n of greater than or equal to 92%.
			Saline at 150 mL per hour using a new bag and
		new intravenous tubin	g.
			ortisone 100 mg intravenous (if patient has allergy
			ase administer Dexamethasone 4 mg
		intravenous), Fexoren intravenous once.	adine 180 mg orally and Famotidine 20 mg
			after 15 minutes, advance level of care to Grade 3
		(Severe).	
			every 15 minutes until resolution of symptoms or
		otherwise ordered by	covering physician.
	ONC NURSING COM		
	Interval:	Occurrences:	
	Comments:		ymptoms (hypoxia, hypotension, or neurologic
	Comments:	compromise – cyanos	is or O2 saturation less than 92%, hypotension, or neurologic is or O2 saturation less than 92%, hypotension

			less of severity sever				
		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 				
			of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new				
			to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrin	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			
		diphenhydrAMINE (BE	NADRYL) injection 25				
		mg Dose: 25 mg Start: S	Route: intravenous	PRN			
		fexofenadine (ALLEGF Dose: 180 mg Start: S	IA) tablet 180 mg Route: oral	PRN			
		famotidine (PEPCID) 2	0 mg/2 mL injection 20				
		mg Dose: 20 mg Start: S	Route: intravenous	PRN			
		hydrocortisone sodiun					
		(Solu-CORTEF) injection Dose: 100 mg	Route: intravenous	PRN			
		dexamethasone (DECA Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN			
		epINEPHrine (ADRENA	, .	Т			
		injection syringe 0.3 m Dose: 0.3 mg Start: S	g Route: subcutaneous	PRN			
	Disch	arge Nursing Orders					
		ONC NURSING COMM Interval:	UNICATION 76 Occurrences:				
		Comments:	Discontinue IV.				
	Disch	arge Nursing Orders					
		🗹 sodium chloride 0.9 %	flush 20 mL				
		Dose: 20 mL	Route: intravenous	PRN			
		IEParin, porcine (PF)	injection 500 Units				
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN			
		Concentration: 100 un Implanted Vascular Ac maintenance.	its/mL. Heparin flush for ccess Device				
Day 5	5			Perform every 1 day x1			

		PPOINTMENT REQUEST 4
	Interval:	Occurrences:
Nursin	g Orders	
		OMMUNICATION 5
	Interval: Comments:	Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Outpa	tient Electrolyte Replac	
	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
		 Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
		 Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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 CO	NDITIONS 40
	Interval:	Occurrences:
	Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
		 Protocol applies only to same day lab value. Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesiu
		sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
		o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
		 Serum Magnesium 1.6 mg/dL or greater, do not give magnesiu replacement If patient meets criteria, order SmartSet called "Outpatient
		Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required
		icquircu
Pre-M	edications	FRAN) 16 mg, dexamethasone

50 mL IVPB	,				
Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes	or 1 dose	
Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
•	ONDANSETRON	Medications	16 mg	Main	No
	HCL 2 MG/ML		Ŭ	Ingredien	t
	INTRAVENOUS			Ũ	
	SOLUTION				
	DEXAMETHASON	E Medications	10 mg	Yes	No
	10 MG/ML		Ŭ		
	INJECTION				

		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chem	otherapy					
Onem	belinostat 1,000 mg/m/	2 in sodium chloride				
	0.9% 250 mL chemo IV Dose: 1,000 mg/m2 Start: S	'PB	once over 30	Minutes fo	or 1 dose	
	Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45					
	minutes. Ingredients:	Name BELINOSTAT 500 MG INTRAVENOUS	Type Medications	Dose 1,000 mg/m2	Selected Main Ingredient	Adds Vol. Yes
		SOLUTION		-	-	
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
Line F	lush					
	sodium chloride 0.9 %	flush 20 mL				
	Dose: 20 mL Start: S	Route: intravenous	PRN			
Nursir	ng Orders	in face is a OFO and				
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous	once @ 30 m	1L/hr for 1 o	dose	
Hema	tology & Oncology Hypersen ONC NURSING COMM		g Order			
	Interval:	Occurrences:				
	Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion.					
	 Place the patient on continuous monitoring. Obtain vital signs. Administer Normal Saline at 50 mL per hour using a new bag and 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.				J	
	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 co	vering physici	an.		

ONC NURSING COMMUNICATION 4						
Interval:						
Comments:	gastrointestinal symptom vomiting, dizziness, diag back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or				
ONC NURSING COMM						
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. 					
	ENADRYL) injection 25					
mg Dose: 25 mg Start: S	Route: intravenous	PRN				
fexofenadine (ALLEGI Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN				
	0 mg/2 mL injection 20					
mg Dose: 20 mg Start: S	Route: intravenous	PRN				

hydrocortisone sodium succinate	
(Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN	
dexamethasone (DECADRON) injection 4 mg	
Dose: 4 mg Route: intravenous PRN Start: S	
epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg	
Dose: 0.3 mg Route: subcutaneous PRN Start: S	
Discharge Nursing Orders	
ONC NURSING COMMUNICATION 76 Interval: Occurrences:	
Comments: Discontinue IV.	
Discharge Nursing Orders	
☑ sodium chloride 0.9 % flush 20 mL	
Dose: 20 mL Route: intravenous PRN	
☑ HEParin, porcine (PF) injection 500 Units	
Dose: 500 Units Route: intra-catheter once PRN Start: S	
Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.	
Cycle 3 Repeat 1 time Cycle length: 21 days Day 1	Perform every 1 day x1
Appointment Requests	
ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences:	
Labs COMPREHENSIVE METABOLIC PANEL	
Interval: Occurrences:	
CBC WITH PLATELET AND DIFFERENTIAL Interval: Occurrences:	
MAGNESIUM LEVEL Interval: Occurrences:	
Nursing Orders	
ONC NURSING COMMUNICATION 5	
Interval: Occurrences: Comments: HOLD and notify provider if ANC LESS than 10 100,000.	00; Platelets LESS than
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 1.5.0	Otherwise contact
MD/NP	
o Protocol applies only to same day lab v o Serum potassium less than 3.0mEq/L, PO and contact MD/NP	

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

TREATMENT CONDITI	ONS 40
Interval:	Occurrences:
Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL)
	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 1.0 mg/dL, give 2 gram magnesium
	sulfate IV and contact MD/NP
	o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium
	sulfate IV
	o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium
	sulfate IV
	o Serum Magnesium 1.6 mg/dL 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
ations	

Pre-Medications forsprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB once over 30 Minutes for 1 dose Dose: 150 mg Start: S Route: intravenous once over 30 Minutes for 1 dose Start: S Ingredients: Name FOSAPREPITANT 150 MG INTRAVENOUS SOLUTION SOLUTION SOLUTION Type Medications Dose 150 mg Selected Adds Vol. Main Yes Ingredient ondansetron (ZOFRAN) 16 mg, dexamethason- (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB Os Base 145 mL Yes Yes Dose: 16 mg Start: S Route: intravenous once over 15 Minutes for 1 dose Selected Adds Vol. Main NTRAVENOUS Dose: 16 mg Start: S Route: intravenous once over 15 Minutes for 1 dose Selected Adds Vol. Main No Ingredients: Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION Type Medications Dose 16 mg Selected Adds Vol. Main No Ingredient DEXAMETHASONE Medications 10 mg Yes No DEXAMETHASONE SOLUTION Base 50 mL Yes Yes SODIUM NUTRAVENOUS SOLUTION Base 50 mL No Yes							
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DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 %	Type Medications	Dose 16 mg 10 mg	Selected Main Ingredient Yes	No
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Chen		SOLUTION				
	notherapy					
			once over 30	Minutes fo	or 1 dose	
	other symptoms asso occur, may increase minutes. Ingredients:	ociated with infusion	Type Medications	Dose 1,000		Adds Vol. Yes
		MG INTRAVENOUS SOLUTION SODIUM		mg/m2 250 mL	Ingredient	
		CHLORIDE 0.9 % INTRAVENOUS SOLUTION		200 1112	100	100
Line	sodium chloride 0.9 %		DDN			
	Dose: 20 mL Start: S	Route: intravenous	PRN			
Nursi	ng Orders					
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions:	6 infusion 250 mL Route: intravenous	once @ 30 m	IL/hr for 1 d	dose	
Home	To keep vein open. atology & Oncology Hyperse	nsitivity Reaction Standing	n Ordor			
neina	ONC NURSING COM Interval: Comments:		JOIdel			
	Comments.	 Grade 1 - MILD Sympto only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equa Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenading intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs even otherwise ordered by con 	continuous mo aline at 50 mL al to 30 minute nister Diphenh s since the las e 180 mg orall ysician. er 15 minutes, Severe). ery 15 minutes	ma, rash, o nitoring. per hour u es since tho nydramine st dose of I y and Fam , advance I s until resol	or runny no sing a new e last dose 25 mg intra Diphenhydra otidine 20 r evel of care	bag and no of venous amine, ng e to Grade

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.

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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 (BE mg Dose: 25 mg Start: S	NADRYL) injection 25 Route: intravenous	PRN
fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
famotidine (PEPCID) 2	0 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone sodiur	n succinate	
(Solu-CORTEF) injection Dose: 100 mg		PRN
dexamethasone (DEC/	ADRON) injection 4 mg	
-	Route: intravenous	PRN
epINEPHrine (ADRENA	ALIN) 1 mg/10 mL ADUL	Т
injection syringe 0.3 m Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN

Discł	narge Nursing Orders ONC NURSING COI	
	Interval:	Occurrences:
	Comments:	Discontinue IV.
Discr	harge Nursing Orders	
	✓ sodium chloride 0.9	
	Dose: 20 mL	Route: intravenous PRN
	HEParin, porcine (P	PF) injection 500 Units
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter once PRN
) units/mL. Heparin flush for r Access Device
y 2		Perform every 1 day
Appo	intment Requests	
	Interval:	POINTMENT REQUEST 4 Occurrences:
Nursi	ing Orders	
i tursi	ONC NURSING COI	MMUNICATION 5
	Interval:	Occurrences:
	Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS tha 100,000.
Outp	atient Electrolyte Replacer	nent Protocol
·	TREATMENT CONE	
	Interval:	Occurrences:
	Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact
		o Protocol applies for SCr less than 1.5. Otherwise, contact
		MD/NP o Protocol applies only to same day lab value.
		MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or
		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
		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
		 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
		 MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
		 MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient
		 MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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"
		 MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient
		 MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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 CONE Interval:	 MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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
		MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL)
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesiu
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesius sulfate IV and contact MD/NP
	Interval:	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 3.5 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 DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesius sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesiu sulfate IV and contact MD/NP
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesius sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesiu sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 1 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium

		o If patient meets Electrolyte Replacement o Sign electrolyte required	t"			
		•				
Pre-Medi	ondansetron (ZOFRAN	N) 16 mg, dexamethasor	ne			
	50 mL IVPB	n sodium chloride 0.9%				
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	or 1 dose	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemoth	erapy	001011011				
	belinostat 1,000 mg/m 0.9% 250 mL chemo IV					
	Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	Route: intravenous e with care. Infuse using er. If infusion site pain or ciated with infusion	once over 30	Minutes fo	r 1 dose	
	Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
Line Flus		(I L 00 L				
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nursing C						
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
Hematolo	gy & Oncology Hypersen ONC NURSING COMM	UNICATION 82	g Order			
	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

ONC NURSING C	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.
	Notify the CERT team and treating physician immediately.
	 Place the patient on continuous monitoring. 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%.
	 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	OMMUNICATION 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.

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.

			ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or overing physician.
	diphenhydrAMINE (BE	ENADRYL) injection 25	
	mg 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		PRN
	dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN	ALIN) 1 mg/10 mL ADU	LT
	injection syringe 0.3 n Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN
<mark>Disch</mark>	arge Nursing Orders		
	ONC NURSING COMM Interval: Comments:	Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
	🕢 sodium chloride 0.9 %	flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	Image: HEParin, porcine (PF)	injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
	Concentration: 100 un Implanted Vascular A maintenance.	nits/mL. Heparin flush for ccess Device	r
Day 3			Perform every 1 day x1
Арро	Intment Requests ONC INFUSION APPO Interval:	INTMENT REQUEST 4 Occurrences:	
Nursi	ng Orders	00001101063	
	ONC NURSING COMM		
	Interval: Comments:	Occurrences: HOLD and notify provid 100,000.	ler if ANC LESS than 1000; Platelets LESS than
Outpa	atient Electrolyte Replaceme	nt Protocol	
	TREATMENT CONDIT		
	Comments:	Potassium (Normal ran	ge 3.5 to 5.0mEq/L)

0	Protocol applies for SCr less than 1.5. Otherwise, contact
MD/NP	

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP

- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO

o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement

o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval:	Occurrences:
Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL)
	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 1.0 mg/dL, give 2 gram magnesium
	sulfate IV and contact MD/NP
	o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium
	sulfate IV
	o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium
	sulfate IV
	o Serum Magnesium 1.6 mg/dL 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

Pre-Medications

FIE-IVI	e-medications								
	ondansetron (ZOFRAN	N) 16 mg, dexamethasor	ne						
	(DECADRON) 10 mg in sodium chloride 0.9%								
	50 mL IVPB								
	Dose: 16 mg	Route: intravenous	once over 15	Minutes fo	r 1 dose				
	Start: S								
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.			
	U	ONDANSETRON	Medications	16 mg	Main	No			
		HCL 2 MG/ML		Ũ	Ingredient				
		INTRAVENOUS			Ū				
		SOLUTION							
		DEXAMETHASONE	Medications	10 mg	Yes	No			
		10 MG/ML		Ū					
		INJECTION							
		SOLUTION							
		SODIUM	Base	50 mL	Yes	Yes			
		CHLORIDE 0.9 %							
		INTRAVENOUS							
		SOLUTION							
		DEXTROSE 5 % IN	Base	50 mL	No	Yes			
		WATER (D5W)							
		INTRAVÈNOUS							
		SOLUTION							
Chem	otherapy								
Chem	belinostat 1,000 mg/m	2 in sodium chloride							
	0.9% 250 mL chemo IV								
	Dose: 1,000 mg/m2	Route: intravenous	once over 30	Minutes fo	r 1 dose				
	_ 5001 1,000 mg/mL		0.00 010.00						

Start: S Instructions: HZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion occur, may increase infusion time to 45 minutes. Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. BELINOSTAT 500 Medications 1,000 Main Yes SOLUTION SOLUTION QS Base 250 mL Yes Yes Solution Notice intravenous PRN Start: S Yes Yes Nursing Orders Solution Pote: intravenous PRN Start: S Start: S Nursing Orders Start: S Route: intravenous once @ 30 mL/hr for 1 dose Start: S Nursing Orders Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periobital edema, rash, or runny nose) 1. Stop the infusion. Hetrix1: Cocurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periobital 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 toring. 5. If greater than or equal to 30 minutes since the last dose of						
SolUTION SODUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start : S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start : S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start : S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Cose: 250 mL Dose: 250 mL Route: intravenous Start : S Nursing Orders Concology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Comments: Start in Coccurrences: Comments: Start Notani 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. 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, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 2 (Severe). 9. Assess vital signs every 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 2 (Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. 8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Ches tightness, abdominal or back pain) 1. Stop the infusion. 2. Notify the CERT team an	Instructions: HAZARDOUS Handle 0.22 micron inline filter other symptoms assoc occur, may increase in minutes.	. If infusion site pain or iated with infusion fusion time to 45 Name BELINOSTAT 500	Medications	1,000	Main	Yes
Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MLD 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. A diminister 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. 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. 8. If no improvement after 15 minutes, advance level of symptoms or otherwise ordered by covering physician. 8. If no improvement after 15 minutes, advance level of symptoms or otherwise ordered by covering physician. 9. Assess vital signs every 15 minutes and resting nausea, womiting, 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%.		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS		-	-	
sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Route: intravenous PRN Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. Route: intravenous once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order OCC 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:						

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.

ootension, or neurologic than 92%, hypotension					
Hg, confusion, collapse,					
 Stop the infusion. Notify the CERT team and treating physician immediately. 					
].					
100 or blood processing					
120, or blood pressure is led or flattened position. asal cannula. Titrate to lal to 92%.					
venous bolus using a new					
nous (if patient has allergy					
ethasone 4 mg intravenous)					
ubcutaneous.					
resolution of symptoms or					

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 4	Perform every 1 day ×
Арро	intment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences:
Nursi	ng Orders
	ONC NURSING COMMUNICATION 5Interval:Occurrences:Comments:HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Outpa	atient 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 3.0 to 3.2mEq/L, give 20mEq KCL IV or PO o 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:
	Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesiu sulfate IV and contact MD/NP o o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV o o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV o o Serum Magnesium 1.6 mg/dL or greater, do not give magnesiu replacement o o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocol: cosign

Pre-M	1edications					
		N) 16 mg, dexamethasor n sodium chloride 0.9%	ne			
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Cham	atherapy	OCECTION				
Chen	notherapy belinostat 1,000 mg/m	2 in sodium chloride				
	0.9% 250 mL chemo IN Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	once over 30	Minutes fo	r 1 dose	
	minutes. Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
Line F	Flush					
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nurei	ng Orders					
i i ui Si	sodium chloride 0.9 %	infusion 250 mL				
	Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous	once @ 30 m	L/hr for 1 d	lose	
Hema	atology & Oncology Hyperser	nsitivity Reaction Standing	g Order			
	ONC NURSING COMM Interval: Comments:		ms (cutaneous periorbital ede	ma, rash, c		
		o. Obtain vita 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

ONC NURSING COMM	IUNICATION 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%.
	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), recolenaume roo mg orany and ramolidine 20 mg
	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 COMM	
 ONC NURSING COMM	
	IUNICATION 83
Interval:	IUNICATION 83 Occurrences: Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension
Interval:	IUNICATION 83 Occurrences: 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,
Interval:	IUNICATION 83 Occurrences: 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)
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Interval:	 NUNICATION 83 Occurrences: 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
Interval:	 NUNICATION 83 Occurrences: 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
Interval:	 NUNICATION 83 Occurrences: 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%.
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Interval:	 NUNICATION 83 Occurrences: 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.
Interval:	 NUNICATION 83 Occurrences: 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
Interval:	 NUNICATION 83 Occurrences: 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)
Interval:	 NUNICATION 83 Occurrences: 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.
Interval:	 NUNICATION 83 Occurrences: 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)
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	mg Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
		20 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) injec Dose: 100 mg		PRN
	dexamethasone (DEC Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN injection syringe 0.3 Dose: 0.3 mg	IALIN) 1 mg/10 mL ADUI mg Route: subcutaneous	LT PRN
	Start: S		
Disch	arge Nursing Orders ONC NURSING COM		
	Interval: Comments:	Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
Bioon	✓ sodium chloride 0.9 °	% fluch 20 ml	
	_		
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (PF) injection 500 Unite	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
		units/mL. Heparin flush for Access Device	
y 5			Perform every 1 day x1
	ntment Requests		
	Interval:	OCCURRENT REQUEST 4	
Nursi	ng Orders		
	ONC NURSING COM		
	Interval: Comments:	Occurrences: HOLD and notify provid 100,000.	ler if ANC LESS than 1000; Platelets LESS than
Outpa	tient Electrolyte Replaceme	ent Protocol	
2 3.490	TREATMENT CONDI	FIONS 39	
	Interval: Comments:	Occurrences: Potassium (Normal rang o Protocol applies MD/NP	ge 3.5 to 5.0mEq/L) s for SCr less than 1.5. Otherwise, contact
		o Protocol applies o Serum potassiu PO and contact MD/NP	
		o Serum potassiu	Im 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

Serum potassium 3.5 mEq/L or greater, do not give potassium 0 replacement

o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign 0 required

	TREATMENT CONDITIONS 40								
	Interval:	Occurrences:							
	Comments:	Magnesium (Normal ran							
		o Protocol applies MD/NP	s for SCr less t	nan 1.5. Oi	inerwise, co	ontact			
		o Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium							
		sulfate IV and contact MD/NP							
		sulfate IV	o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium						
		o Serum Magnesi	um 1.3 to 1.5	mg/dL, give	e 1 gram m	agnesium			
		sulfate IV							
		o Serum Magnesi replacement	um 1.6 mg/aL	or greater,	do not give	e magnesium			
		o If patient meets	criteria, order	SmartSet of	called "Out	oatient			
		Electrolyte Replacemen							
		o Sign electrolyte required	replacement of	order as Pe	r protocol:	cosign			
		loquilou							
Pre-M	ledications								
		N) 16 mg, dexamethasor	ne						
	(DECADRON) 10 mg i 50 mL IVPB	n sodium chloride 0.9%							
	Dose: 16 mg	Route: intravenous	once over 15	Minutes fo	r 1 dose				
	Start: S			_					
	Ingredients:		Type Modiantiona	Dose		Adds Vol.			
		ONDANSETRON HCL 2 MG/ML	Medications	16 mg	Ingredient	No			
		INTRAVENOUS							
		SOLUTION		10	Mara	NL			
		DEXAMETHASONE 10 MG/ML	Nedications	10 mg	Yes	No			
		INJECTION							
		SOLUTION	_						
		SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes			
		INTRAVENOUS							
		SOLUTION							
		DEXTROSE 5 % IN	Base	50 mL	No	Yes			
		WATER (D5W) INTRAVENOUS							
		SOLUTION							
Chem	notherapy								
	belinostat 1,000 mg/n								
	0.9% 250 mL chemo l Dose: 1,000 mg/m2	VPB Route: intravenous	once over 30	Minutos fo	r 1 doso				
	Start: S			Williates 10	1 0036				
	Instructions:								
		e with care. Infuse using							
	other symptoms asso	er. If infusion site pain or ociated with infusion							

occur, may increase infusion time to 45

	minutes. Ingredients:	Name BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Type Medications QS Base	Dose 1,000 mg/m2 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes Yes
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 Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	dose	
Hema	tology & Oncology Hypersen		g Order			
	ONC NURSING COMM Interval: Comments:	 Occurrences: Grade 1 - MILD Sympton only – itching, flushing, p Stop the infusion. Place the patient on c Obtain vital signs. Administer Normal Sa intravenous tubing. If greater than or equa Diphenhydramine, administer Fexofenadine intravenous once. If less than 30 minute administer Fexofenadine intravenous once. Notify the treating phy If no improvement after (Moderate) or Grade 3 (19) Assess vital signs ever otherwise ordered by co 	periorbital ede continuous mo aline at 50 mL al to 30 minute nister Diphenh s since the las e 180 mg orall vsician. er 15 minutes, Severe). ery 15 minutes	ma, rash, c nitoring. per hour u es since the hydramine st dose of E y and Fam advance I advance I	or runny no sing a new e last dose 25 mg intra Diphenhydr otidine 20 r evel of care	bag and new of amine, mg e to Grade 2
	ONC NURSING COMM Interval: Comments:	 UNICATION 4 Occurrences: Grade 2 – MODERATE gastrointestinal symptom vomiting, dizziness, diap back pain) Stop the infusion. Notify the CERT team Place the patient on c Obtain vital signs. Administer Oxygen at maintain O2 saturation c Administer Normal Sanew intravenous tubing. Administer Hydrocorti to Hydrocortisone, pleas intravenous once. If no improvement after 	ns – shortness shoresis, throad and treating continuous mo 2 L per minut of greater than line at 150 ml sone 100 mg se administer I line 180 mg of	s of breath, t or chest f nitoring. e via nasal or equal to per hour intravenou Dexametha ally and Fa	, wheezing, tightness, a mmediately I cannula. 1 o 92%. using a nev s (if patient asone 4 mg amotidine 2	nausea, abdominal or /. Fitrate to w bag and t has allergy 20 mg

		(Severe). 9. Assess vital signs er otherwise ordered by c	very 15 minutes until resolution of symptoms or covering physician.		
	ONC NURSING COM				
	 Interval: Comments: Occurrences: Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurolog compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collaps 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 pressur 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 bag and new intravenous tubing. 8. Administer Hydrocortisone 100 mg intravenous (if patient has all to Hydrocortisone, please administer Dexamethasone 4 mg intravenous 				
		and Famotidine 20 mg 9. Administer Epinephi	intravenous once. rine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or		
		BENADRYL) injection 25			
	mg Dose: 25 mg Start: S	Route: intravenous	PRN		
	fexofenadine (ALLE) Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN		
		20 mg/2 mL injection 20	D		
	mg Dose: 20 mg Start: S	Route: intravenous	PRN		
	hydrocortisone sodi (Solu-CORTEF) inject Dose: 100 mg		PRN		
	dexamethasone (DE Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	9 PRN		
	epINEPHrine (ADRE injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADU mg Route: subcutaneous	PRN		
Disch	arge Nursing Orders				
	ONC NURSING COM Interval: Comments:	MUNICATION 76 Occurrences: Discontinue IV.			
Disch	arge Nursing Orders				
	✓ sodium chloride 0.9	% flush 20 mL			
	Dose: 20 mL	Route: intravenous	PRN		

	V	HEParin, porcine (PF)	injection 500 Units		
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
			nits/mL. Heparin flush for		
		maintenance.			
Cycle 4		Repeat 1	time	Cycle length: 21 days	
Day	1				Perform every 1 day x1
	Appointm	nent Requests			
		ONC INFUSION APPOI			
	Laba	Interval:	Occurrences:		
	Labs	COMPREHENSIVE ME	TABOLIC PANEL		
		Interval:	Occurrences:		
		CBC WITH PLATELET	AND DIFFERENTIAL		
		Interval:	Occurrences:		
		MAGNESIUM LEVEL	0		
		Interval:	Occurrences:		
	Nursing (Orders ONC NURSING COMM	UNICATION 5		
		Interval:	Occurrences:		
		Comments:	HOLD and notify provid 100,000.	ler if ANC LESS than 100	00; Platelets LESS than
	Outpatie	nt Electrolyte Replacemer	nt Protocol		
		TREATMENT CONDITI			
		Interval:	Occurrences:	a = 2 E t = E 0 m E a / L	
		Comments:	Potassium (Normal ran o Protocol applie MD/NP	s for SCr less than 1.5. C	Otherwise, contact
			o Serum potassi	s only to same day lab va um less than 3.0mEq/L, g	
				, um 3.0 to 3.2mEq/L, give um 3.3 to 3.4mEq/L, give	
				um 3.5 mEq/L or greater,	
			o If patient meets Electrolyte Replacement		
			o Sign electrolyte required	e replacement order as P	er protocol: cosign
		TREATMENT CONDITI	ONS 40		
		Interval:	Occurrences:		
		Comments:	Magnesium (Normal ra o Protocol applie MD/NP	nge 1.6 to 2.6 mg/dL) s for SCr less than 1.5. C	Otherwise, contact
			o Protocol applie	s only to same day lab va sium less than 1.0 mg/dL.	alue. , give 2 gram magnesium
			sulfate IV and contact I o Serum Magnes		
				ium 1.3 to 1.5 mg/dL, giv	ve 1 gram magnesium
			sulfate IV o Serum Magnes replacement	ium 1.6 mg/dL or greater	r, do not give magnesium
				criteria. order SmartSet	called "Outpatient

Electrolyte Replacement" o Sign electrolyte replacement o	rder as Pe	r protocol:	cosign
required			
Pre-Medications			
fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB Dose: 150 mg Route: intravenous once over 30 l	Minutes fo	r 1 dose	
Start: S Ingredients: Name Type FOSAPREPITANT Medications 150 MG INTRAVENOUS SOLUTION	Dose 150 mg	Selected Main Ingredient	Adds Vol. Yes
	145 mL	Yes	Yes
ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB			
Dose: 16 mg Route: intravenous once over 15 l Start: S	Minutes fo	r 1 dose	
	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
DEXAMETHASONE Medications 10 MG/ML INJECTION SOLUTION	10 mg	Yes	No
SODIUM Base CHLORIDE 0.9 % INTRAVENOUS SOLUTION	50 mL	Yes	Yes
DEXTROSE 5 % IN Base WATER (D5W) INTRAVENOUS SOLUTION	50 mL	No	Yes
Chemotherapy			
belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 I Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion	Minutes fo	r 1 dose	
occur, may increase infusion time to 45 minutes.			
Ingredients: Name Type BELINOSTAT 500 Medications MG INTRAVENOUS SOLUTION	Dose 1,000 mg/m2	Selected Main Ingredient	
SODIUM QS Base CHLORIDE 0.9 % INTRAVENOUS SOLUTION	250 mL	Yes	Yes
Line Flush			

	sodium chloride 0.9 Dose: 20 mL	Route: intravenous PRN
	Start: S	
Nursi	ng Orders	
	sodium chloride 0.9 Dose: 250 mL Start: S Instructions: To keep vein open	9 % infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
Hema	tology & Oncology Hyper ONC NURSING CO	sensitivity Reaction Standing Order
	Interval: Comments:	 Occurrences: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion. 2. Place the patient on continuous monitoring. 3. Obtain vital signs. 4. Administer Normal Saline at 50 mL per hour using a new bag and ne 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 COI Interval: Comments:	 Occurrences: Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal of back pain) Stop the infusion. Notify the CERT team and treating physician immediately. Place the patient on continuous monitoring. Obtain vital signs. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing. 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. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe). Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
	ONC NURSING COI Interval: Comments:	MMUNICATION 83 Occurrences: 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,

			 Place the patient on of Obtain vital signs. If heart rate is less the less than 90/50 mmHg, Administer Oxygen a maintain O2 saturation Administer Normal Sabag and new intravenou Administer Hydrocort to Hydrocortisone, please and Famotidine 20 mg i Administer Epinephri 	an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. 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
		diphenhydrAMINE (BI	ENADRYL) injection 25	
		mg		
		Dose: 25 mg Start: S	Route: intravenous	PRN
		fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
		famotidine (PEPCID) 2	20 mg/2 mL injection 20	
		mg	Deuterister	
		Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiu (Solu-CORTEF) injecti		
		Dose: 100 mg	Route: intravenous	PRN
		dexamethasone (DEC	ADRON) injection 4 mg	
		Dose: 4 mg Start: S	Route: intravenous	PRN
			ALIN) 1 mg/10 mL ADUI	.T
		injection syringe 0.3 n Dose: 0.3 mg	ng Route: subcutaneous	PRN
		Start: S	noule. Subcularieous	1 1 11
	Disch	arge Nursing Orders		
		ONC NURSING COMM		
		Interval: Comments:	Occurrences: Discontinue IV.	
		Commonto.		
	Disch	arge Nursing Orders		
		🔽 sodium chloride 0.9 %	6 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
		Concentration: 100 u Implanted Vascular A maintenance.	nits/mL. Heparin flush for access Device	
Day 2				Perform every 1 day x1
		ntment Requests		

ONC INFUSION APPOINTMENT REQUEST 4

Interval:	Occurrences:

Nursing Orders ONC NURSING COMMUNICATION 5

Interval:	Occurrences:
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than
	100,000.

Outpatient Electrolyte Replacement Protocol TREATMENT CONDITIONS 39

	TREATMENT CON	TREATMENT CONDITIONS 39				
	Interval:	Occurrences:				
	Comments:	Potassium (Normal range 3.5 to 5.0mEq/L)				
		o Protocol applies for SCr less than 1.5. Otherwise, contact				
		MD/NP				
		o Protocol applies only to same day lab value.				
		o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or				
		PO and contact MD/NP				
		o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO				
		o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO				
		o Serum potassium 3.5 mEq/L or greater, do not give potassium				
		replacement				
		o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"				
		o Sign electrolyte replacement order as Per protocol: cosign				
		required				
	TREATMENT CON					
	Interval:	Decurrences:				
	Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL)				
		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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP				
		o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV				
		o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium				
		sulfate IV				
		o Serum Magnesium 1.6 mg/dL 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				
Pre-N	Viedications					
Pre-N	Medications ondansetron (ZOF	-RAN) 16 mg, dexamethasone				
Pre-N	ondansetron (ZOF	FRAN) 16 mg, dexamethasone mg in sodium chloride 0.9%				
Pre-N	ondansetron (ZOF					
Pre-N	ondansetron (ZOF (DECADRON) 10 r					

Start: S	rioute. Intraverious	once over 15	WIIIIutes I	0110036		
Ingredients:	Name	Туре	Dose	Selected	Adds Vol.	
	ONDANSETRON	Medications	16 mg	Main	No	
	HCL 2 MG/ML			Ingredient	t	
	INTRAVENOUS			-		
	SOLUTION					
	DEXAMETHASONE	Medications	10 mg	Yes	No	
	10 MG/ML		-			
	INJECTION					
	SOLUTION					

		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemother	any	001011011				
ł	pelinostat 1,000 mg/m2 i					
 {	Start: S nstructions: HAZARDOUS Handle w 0.22 micron inline filter. other symptoms associa occur, may increase infu	oute: intravenous ith care. Infuse using If infusion site pain or ited with infusion	once over 30	Minutes fo	or 1 dose	
	minutes. Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	J	BELINOSTAT 500 MG INTRAVENOUS SOLUTION	Medications	1,000 mg/m2	Main Ingredient	Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
Line Flush						
[sodium chloride 0.9 % fli Dose: 20 mL R Start: S	u sh 20 mL oute: intravenous	PRN			
Nursing Or	ders					
l	sodium chloride 0.9 % in Dose: 250 mL R Start: S Instructions: To keep vein open.	f usion 250 mL oute: intravenous	once @ 30 m	IL/hr for 1 c	dose	
	y & Oncology Hypersensit		g Order			
	DNC NURSING COMMUN	NICATION 82 Occurrences:				
	Comments: G	irade 1 - MILD Sympton nly – itching, flushing, p				
	2	. Stop the infusion. . Place the patient on c	ontinuous mo	nitoring.		
		. Obtain vital signs. . Administer Normal Sa	line at 50 mL	per hour u	sing a new	bag and new
	5	travenous tubing. . If greater than or equa iphenhydramine, admi				
	6	nce. . If less than 30 minute dminister Fexofenadine				
	in 7.	travenous once. . Notify the treating phy	vsician.	-		J
	() 9	. If no improvement afte Moderate) or Grade 3 (Assess vital signs events therwise ordered by co	Severe). ery 15 minutes	until resol		
	ONC NURSING COMMUN	NICATION 4				

Interval: Comments:	gastrointestinal symptom vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	2 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. Aline at 150 mL per hour using a new bag and sone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg line 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM		
Interval:	Occurrences:	
Comments:	Grade 3 – SEVERE Syn compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrin 10. Assess vital signs ev otherwise ordered by co	a and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new is tubing. sone 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
· · ·	NADRYL) injection 25	
mg 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	0 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone sodium (Solu-CORTEF) injecti Dose: 100 mg		PRN

	dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT				
	injection syringe 0.3 m Dose: 0.3 mg Start: S		PRN	
Discharge	Nursing Orders			
5	ONC NURSING COMM	UNICATION 76		
	Interval: Comments:	Occurrences: Discontinue IV.		
Discharge	Nursing Orders			
	sodium chloride 0.9 %	flush 20 ml		
V			DDN	
	Dose: 20 mL	Route: intravenous	PRN	
\checkmark	HEParin, porcine (PF)	injection 500 Units		
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
	Implanted Vascular Administration: 100 ur Implanted Vascular Administration	nits/mL. Heparin flush for ccess Device		
ay 3			Perform every 1 day x1	
	ent Requests			
	ONC INFUSION APPOI			
	Interval:	Occurrences:		
Nursing C				
	ONC NURSING COMM			
	Interval: Comments:	Occurrences: HOLD and notify provide 100,000.	er if ANC LESS than 1000; Platelets LESS than	
Outpatien	t Electrolyte Replacemer	nt Protocol		
	TREATMENT CONDITI			
	Interval:	Occurrences:		
	Comments:	Potassium (Normal rang		
			for SCr less than 1.5. Otherwise, contact	
		MD/NP		
			only to same day lab value. m less than 3.0mEq/L, give 40mEq KCL IV or	
		PO and contact MD/NP	miless than 3.0meq/e, give fomeq ROE IV of	
			m 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO	
			m 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO	
			m 3.5 mEq/L or greater, do not give potassium	
		replacement		
			criteria, order SmartSet called "Outpatient	
		Electrolyte Replacemen		
		o Sign electrolyte required	replacement order as Per protocol: cosign	
	TREATMENT CONDITI	ONS 40		
	TREATMENT CONDITI	ONS 40 Occurrences:		
		Occurrences: Magnesium (Normal ran		
	Interval:	Occurrences: Magnesium (Normal ran o Protocol applies	nge 1.6 to 2.6 mg/dL) s for SCr less than 1.5. Otherwise, contact	
	Interval:	Occurrences: Magnesium (Normal ran o Protocol applies MD/NP	for SCr less than 1.5. Otherwise, contact	
	Interval:	Occurrences: Magnesium (Normal ran o Protocol applies MD/NP		

	 Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not give magnesiun replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign required 				
Pre-Medications					
ondansetron (ZOFRAN	 I6 mg, dexamethasor sodium chloride 0.9% 	ie			
Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS	Type Medications	Dose 16 mg		Adds Vol. No
	SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemotherapy					
belinostat 1,000 mg/m/ 0.9% 250 mL chemo IV					
Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	Route: intravenous with care. Infuse using r. If infusion site pain or	once over 30	Minutes fo	r 1 dose	
occur, may increase in minutes.	nfusion time to 45				
Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
_ine Flush					
sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nursina Orders					

	sodium chloride 0.9 Dose: 250 mL Start: S Instructions: To keep vein open	9 % infusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 dose					
Hema	atology & Oncology Hyper ONC NURSING CO	sensitivity Reaction Standi	ng Order					
	Interval: Comments:	 Occurrences: Grade 1 - MILD Symptonly – itching, flushing 1. Stop the infusion. 2. Place the patient on 3. Obtain vital signs. 4. Administer Normal State intravenous tubing. 5. If greater than or equiphenhydramine, administer Fexofenadia intravenous once. 6. If less than 30 minutadminister Fexofenadia intravenous once. 7. Notify the treating p 8. If no improvement at (Moderate) or Grade 3 	after 15 minutes, advance level of care to Grade 2 3 (Severe). every 15 minutes until resolution of symptoms or					
	ONC NURSING COMMUNICATION 4							
	Interval: Comments:	 gastrointestinal symptory vomiting, dizziness, diaback pain) 1. Stop the infusion. 2. Notify the CERT teation of the second sympton of the second sympton. 3. Place the patient of the second sympton. 4. Obtain vital signs. 5. Administer Oxygen maintain O2 saturation 6. Administer Normal Second sympton. 7. Administer Hydroco to Hydrocortisone, plenet intravenous once. 8. If no improvement at (Severe). 	Artisone 100 mg intravenous (if patient has allergy ase administer Dexamethasone 4 mg adine 180 mg orally and Famotidine 20 mg after 15 minutes, advance level of care to Grade 3 every 15 minutes until resolution of symptoms or					
	ONC NURSING CO Interval: Comments:	Occurrences: Grade 3 – SEVERE S compromise – cyanos	ymptoms (hypoxia, hypotension, or neurologic is or O2 saturation less than 92%, hypotension ssure less than 90 mmHg, confusion, collapse, , or incontinence)					

Stop the infusion.
 Notify the CERT team and treating physician immediately.
 Place the patient on continuous monitoring.
 Obtain vital signs.
 If heart rate is less than 50 or greater than 120. or blood pressure is

	 Administer Oxyger maintain O2 saturation Administer Norman bag and new intraver Administer Hydrooc to Hydrocortisone, pland Famotidine 20 m Administer Epinep 	ortisone 100 mg intravenous (if patient has allergy ease administer Dexamethasone 4 mg intravenous) ig intravenous once. hrine (1:1000) 0.3 mg subcutaneous. s every 15 minutes until resolution of symptoms or
	IrAMINE (BENADRYL) injection 2	25
Dose: 25 m Start: S	ng Route: intravenous	PRN
fexofenad Dose: 180 Start: S	ine (ALLEGRA) tablet 180 mg mg Route: oral	PRN
famotidine mg Dose: 20 m Start: S	e (PEPCID) 20 mg/2 mL injection ng Route: intravenous	20 PRN
hydrocorti	isone sodium succinate RTEF) injection 100 mg mg Route: intravenous	PRN
dexametha Dose: 4 mg Start: S	asone (DECADRON) injection 4 r Route: intravenous	ng PRN
	ne (ADRENALIN) 1 mg/10 mL AE syringe 0.3 mg mg Route: subcutaneous	
Discharge Nursing Or ONC NUR Interval: Comments	SING COMMUNICATION 76 Occurrences:	
Discharge Nursing Or	ders	
☑ sodium ch	loride 0.9 % flush 20 mL	
Dose: 20 m	nL Route: intravenous	PRN
	oorcine (PF) injection 500 Units	
	s: ration: 100 units/mL. Heparin flush d Vascular Access Device	
	SION APPOINTMENT REQUEST	Perform every 1 day x1 4
Interval: Nursing Orders	Occurrences:	
	SING COMMUNICATION 5 Occurrences:	

	Comments:	HOLD and notify provid 100,000.	er if ANC LES	S than 100	0; Platelets	EESS than
Out	patient Electrolyte Replacem	nent Protocol				
	TREATMENT COND	ITIONS 39				
	Interval:	Occurrences:		_ " 、		
	Comments:	Potassium (Normal rang			the mules o	antaat
		o Protocol applies MD/NP		nan 1.5. O	therwise, c	ontact
		o Protocol applies	s only to same	day lab va	lue.	
		o Serum potassiu PO and contact MD/NP	m less than 3.	0mEq/L, g	ive 40mEq	
		o Serum potassiu				
		o Serum potassiu o Serum potassiu				
		replacement o If patient meets Electrolyte Replacemen		SmartSet	called "Out	patient
		o Sign electrolyte		order as Pe	er protocol:	cosign
		required				
	TREATMENT COND					
	Interval: Comments:	Occurrences: Magnesium (Normal rar	nge 1.6 to 2.6 i	na/dl)		
	Commento.	o Protocol applies			therwise, c	ontact
		MD/NP				
		o Protocol applies o Serum Magnes				m magnesium
		sulfate IV and contact M		n.o mg/a∟,	give z grai	n magnesiam
		o Serum Magnes	ium 1.0 to 1.2	mg/dL, giv	e 2 gram m	nagnesium
		sulfate IV o Serum Magnes	ium 1 2 to 1 5	ma/dl aiv	o 1 arom m	agnocium
		sulfate IV	10111 1.3 10 1.5	mg/u∟, giv	e i granni	lagilesium
		o Serum Magnes	ium 1.6 mg/dL	or greater	, do not giv	e magnesium
		replacement o If patient meets	critoria ordor	SmartSot	called "Out	nationt
		Electrolyte Replacemen		Smartoer	called Out	patient
		o Sign electrolyte	replacement of	order as Pe	er protocol:	cosign
		required				
Pre	-Medications					
		AN) 16 mg, dexamethaso I in sodium chloride 0.9%				
	Dose: 16 mg	Route: intravenous	once over 15	Minutes for	or 1 dose	
	Start: S Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	ingreatents.	ONDANSETRON	Medications	16 mg	Main	No
		HCL 2 MG/ML		-	Ingredient	t
		INTRAVENOUS SOLUTION				
		DEXAMETHASONE	- Medications	10 ma	Yes	No
		10 MG/ML		. e g		
		INJECTION				
		SOLUTION SODIUM	Base	50 mL	Yes	Yes
		CHLORIDE 0.9 %	Dase	JUIIL	105	100
		INTRAVENOUS				
			Daac	EQ mail	No	Vaa
		DEXTROSE 5 % IN	Base	50 mL	No	Yes

INTRAVENOUS SOLUTION Chemotherapy belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 microin inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name Type Dose SoluTION SODUM MG INTRAVENOUS SOLUTION SODUM OS Base 250 mL Yes CHUCRIDE 0.9 % INTRAVENOUS SOLUTION Line Flush Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Nursing Orders Sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Solut ritravenous Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order OKC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MLD Symptoms (cutaneous and subcutaneous only itching, flushing, periorbital edema, rash, or runny ne 1. Stop the infusion. S. Place the patient on continuous monitoring. S. Obtain vital signs. 4. Administer Normal Saline at 50 mL per hour using a new intravenous tubing. S. If greater than or equal to 30 minutes since the last dose Diptenhydramine, administer Diphenhydramine 25 mg intravenous S. Start is Instructions: To keep vein open.						
Chemotherapy belinostat 1,000 mg/m2 in sodium chloride 0,9% 250 mL. chemo 1VPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: H4ZARDOUS Handle with care. Infuse using 0.22 microin nilne filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 Medications 1,000 MG INTRAVENOUS SODIUM OS Base 250 mL SODIUM OS Base 250 mL SODIUM Dose: 20 mL Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous only - Itching, flushing, periorbital edema, rash, or runny ne 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 intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous tubing. 5. If greater Normal Saline at 50 mL per hour using a new intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of car (Moderate) or Grade 3 (Severe).						
beinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Type Dose Selected Ingredients: Name Type Dose Selected MG INTRAVENOUS Medications 1,000 Main SOLUTION SOBUM QS Base 250 mL Yes Solution Ocse: 20 mL Route: intravenous PRN Vers Start: S Nursing Orders Solution chloride 0.9 % infusion 250 mL Dose: 250 mL Dose: 30 mL/hr for 1 dose Start: S Nursing Orders Occurrences: Comments: Order and subcutaneous only itching, flushing, periobital edema, rash, or runny m Versultions: To keep vein open. Cocurrences: Comments: Other wital signs. 4. Administer Normal Saline at 50 mL per hour using a nev intravenous tubing. 5.0 mL per hour using a nev intravenous cubing. 5.1 fl greater than or equal to 30 minutes since the last dose Diphenhydramine, administer Diphenhydramine 25 mg intr once. 6. If less than 30 minutes since the last dose of Diphenhyd administer Fexofenadine 180 m	mothorapy	002011011				
other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Type Dose Selected Ingredients: Name Type Dose Selected MG INTRAVENOUS SOLUTION QS Base 250 mL Yes SODIUM QS Base 250 mL Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION 250 mL Yes Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S 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. Floated 1 - MILD Symptoms (cutaneous and subcutaneous only - itching, flushing, periorbital edema, rash, or runny ne 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose Diphenhydramine, administer Diphenhydramine 25 mg intr once. 6. If less than 30 minutes since the last dose of Diphenhydramine 25 mg intr once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of cat (Moderate) or Grade 3 (Severe). 8. Manoticine 20 intravenous once.	belinostat 1,000 mg 0.9% 250 mL chemo Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Han	VPB Route: intravenous e with care. Infuse using	once over 30) Minutes fo	or 1 dose	
SOLUTION SODIUM SODIUM SODIUM QS Base 250 mL Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Sotium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous only – itching, flushing, periorbital edema, rash, or runny no 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose Diphenhydramine, administer Diphenhydramine 25 mg intr once. 6. If less than 30 minutes since the last dose of Diphenhydradinister Fexofenadine 180 mg orally and Famotidine 20 intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of car (Moderate) or Grade 3 (Severe).	other symptoms as occur, may increas minutes.	ociated with infusion infusion time to 45 Name BELINOSTAT 500	Medications	1,000	Main	Adds Vol. Yes
sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Route: intravenous PRN Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Route: intravenous once @ 30 mL/hr for 1 dose Instructions: To keep vein open. Route: intravenous once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous only – itching, flushing, periorbital edema, rash, or runny no 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose Diphenhydramine, administer Diphenhydramine 25 mg intr once. 6. If less than 30 minutes since the last dose of Diphenhyd administer Fexofenadine 180 mg orally and Famotidine 20 intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of car (Moderate) or Grade 3 (Severe).		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS		-	-	Yes
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. once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous only - itching, flushing, periorbital edema, rash, or runny not 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine 25 mg intronce. 6. If less than 30 minutes since the last dose of Diphenhydramine 20 mintravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of car (Moderate) or Grade 3 (Severe). 8. If no improvement after 15 minutes, advance level of car (Moderate) or Grade 3 (Severe).	Flush					
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. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous only itching, flushing, periorbital edema, rash, or runny not 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose Diphenhydramine, administer Diphenhydramine 25 mg intr once. 6. If less than 30 minutes since the last dose of Diphenhyd administer Fexofenadine 180 mg orally and Famotidine 20 intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of cal (Moderate) or Grade 3 (Severe).	sodium chloride 0.9 Dose: 20 mL		PRN			
Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous only – itching, flushing, periorbital edema, rash, or runny not 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 intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose Diphenhydramine, administer Diphenhydramine 25 mg intronce. 6. If less than 30 minutes since the last dose of Diphenhyd administer Fexofenadine 180 mg orally and Famotidine 20 intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of call (Moderate) or Grade 3 (Severe). 8. (Severe).	sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions:					
 Assess vital signs every 15 minutes until resolution of sy otherwise ordered by covering physician. 	ONC NURSING CON Interval:	 JUNICATION 82 Occurrences: Grade 1 - MILD Sympton Only – itching, flushing, 1. Stop the infusion. 2. Place the patient on 3. Obtain vital signs. 4. Administer Normal S intravenous tubing. 5. If greater than or equination on the infusion on the infusion. 6. If less than 30 minute administer Fexofenadir intravenous once. 7. Notify the treating ph 8. If no improvement af (Moderate) or Grade 3 9. Assess vital signs expension 	oms (cutaneou periorbital ede continuous mc Galine at 50 mL ual to 30 minute ninister Diphenl es since the las ne 180 mg orall nysician. (Severe). very 15 minutes	ema, rash, ponitoring. per hour u es since th hydramine st dose of l ly and Fam , advance s until reso	or runny no using a new e last dose 25 mg intra Diphenhydr notidine 20 n level of card	bag and new of avenous amine, mg e to Grade 2
ONC NURSING COMMUNICATION 4 Interval: Occurrences: Comments: Grade 2 – MODERATE Symptoms (cardiovascular, respira gastrointestinal symptoms – shortness of breath, wheezing vomiting, dizziness, diaphoresis, throat or chest tightness, back pain)	Interval:	Occurrences: Grade 2 – MODERATE gastrointestinal sympto vomiting, dizziness, dia	ms – shortnes	s of breath	, wheezing,	nausea,

	 Place the patient on Obtain vital signs. Administer Oxygen maintain O2 saturation Administer Normal S new intravenous tubing Administer Hydroco to Hydrocortisone, plea intravenous), Fexofena intravenous once. If no improvement a (Severe). 	rtisone 100 mg intravenous (if patient has allergy ase administer Dexamethasone 4 mg adine 180 mg orally and Famotidine 20 mg Ifter 15 minutes, advance level of care to Grade 3 very 15 minutes until resolution of symptoms or		
ONC NURSING COM Interval: Comments:				
	ENADRYL) injection 25	5		
mg Dose: 25 mg Start: S	Route: intravenous	PRN		
fexofenadine (ALLEC Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN		
	20 mg/2 mL injection 2	0		
mg Dose: 20 mg Start: S	Route: intravenous	PRN		
hydrocortisone sodiu (Solu-CORTEF) injec Dose: 100 mg		PRN		
Dose: 4 mg Start: S	CADRON) injection 4 m Route: intravenous	PRN		
on NEDUring / ADDEN	$ \Lambda N + ma/10 m \Lambda D $	11 T		

epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT iniection svrinae 0.3 ma

Dose: 0.3 mg Start: S Discharge Nursing Orders ONC NURSING COMUNICATION 76 Interval: Occurrences: Comments: Discontinue IV. Discharge Nursing Orders Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN MEParin, 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 5 Appointment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences: Nursing Orders ONC NURSING COMUNICATION 5 Interval: Occurrences:						
ONC NURSING COMMUNICATION 76 Interval: Occurrences: Comments: Discontinue IV. Discharge Nursing Orders Image: Sodium chloride 0.9 % flush 20 mL Dose: 20 mL PRN Image: Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Image: Sodium chloride 0.9 % flush 20 mL Dose: 500 Units Route: intravenous PRN Image: Sodium chloride 0.9 % flush 20 mL Dose: 500 Units Route: intra-catheter once PRN Image: Sodium chloride 0.9 % flush 20 mL Dose: 500 Units Route: intra-catheter once PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Perform every 1 day Appointment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences: Nursing Orders ONC NURSING COMMUNICATION 5 State St						
ONC NURSING COMMUNICATION 76 Interval: Occurrences: Interval: Occurrences: Comments: Discontinue IV. Discharge Nursing Orders Image: Solium chloride 0.9 % flush 20 mL Dose: 20 mL Note: intravenous PRN Image: Solium chloride 0.9 % flush 20 mL Dose: 20 mL Note: intravenous PRN Image: Provide the example of the example						
Comments: Discontinue IV. Discharge Nursing Orders Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN MEParin, 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 5 Appointment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences: Nursing Orders ONC NURSING COMMUNICATION 5						
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Image: Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.						
Dose: 500 Units Route: intra-catheter once PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Day 5 Perform every 1 day Appointment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences: Nursing Orders ONC NURSING COMMUNICATION 5						
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Day 5 Perform every 1 day Appointment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences: Nursing Orders ONC NURSING COMMUNICATION 5						
Appointment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences: Nursing Orders ONC NURSING COMMUNICATION 5						
Interval: Occurrences: Nursing Orders ONC NURSING COMMUNICATION 5						
Nursing Orders ONC NURSING COMMUNICATION 5						
ONC NURSING COMMUNICATION 5						
Interval: Occurrences:						
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS that						
100,000.						
atient 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						
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 PC						
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PC						
o Serum potassium 3.5 mEq/L or greater, do not give potassiun						
replacement						
o If patient meets criteria, order SmartSet called "Outpatient						
Electrolyte Replacement"						
o Sign electrolyte replacement order as Per protocol: cosign						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences:						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL)						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences:						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnes						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value.						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnes sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium						
o Sign electrolyte replacement order as Per protocol: cosign required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnes sulfate IV and contact MD/NP						

		sulfate IV o Serum Magnesi replacement o If patient meets Electrolyte Replacement o Sign electrolyte required	criteria, order t"	SmartSet	called "Out	patient
Pre-M	ledications					
		N) 16 mg, dexamethasor in sodium chloride 0.9% Route: intravenous	ne once over 15	Minutos f	or 1 doso	
	Start: S	noute. Intravenous	once over 15	winnutes in	01 1 0036	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chom	otherapy	OCEONION				
	belinostat 1,000 mg/r 0.9% 250 mL chemo Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Hand 0.22 micron inline fil	Route: intravenous le with care. Infuse using ter. If infusion site pain or ociated with infusion infusion time to 45 Name BELINOSTAT 500	once over 30 Type Medications	Dose 1,000	Selected Main	Adds Vol. Yes
		MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	mg/m2 250 mL	Ingredient Yes	Yes
Line F	lush					
	sodium chloride 0.9 ° Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
	ng Orders					
Nursir	ig orders					

Hematology & Oncology Hypersensitivity Reaction Standing Order

sensitivity Reaction Standing Order
MMUNICATION 82
Occurrences:
Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion.
2. Place the patient on continuous monitoring.
 Obtain vital signs. 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.
 Notify the treating physician. 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.
MMUNICATION 4
Occurrences:
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.
 Notify the CERT team and treating physician immediately. Place the patient on continuous monitoring.
4. Obtain vital signs.
Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
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.
MMUNICATION 83
Occurrences:
Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension

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.

					to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrin	ne (1:1000) 0.3 mg subcu very 15 minutes until reso	utaneous.
				diphenhydrAMINE (BE	NADRYL) injection 25		
				mg Dose: 25 mg Start: S	Route: intravenous	PRN	
				fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN	
					0 mg/2 mL injection 20		
				mg Dose: 20 mg Start: S	Route: intravenous	PRN	
				hydrocortisone sodiun (Solu-CORTEF) injectio Dose: 100 mg		PRN	
				dexamethasone (DEC/ Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
					LIN) 1 mg/10 mL ADUL	.T	
				injection syringe 0.3 m Dose: 0.3 mg Start: S	g Route: subcutaneous	PRN	
		Disch		Nursing Orders ONC NURSING COMM			
				Interval: Comments:	Occurrences: Discontinue IV.		
		Disch	arge	Nursing Orders			
			\checkmark	sodium chloride 0.9 %	flush 20 mL		
				Dose: 20 mL	Route: intravenous	PRN	
			\checkmark	HEParin, porcine (PF)	injection 500 Units		
				Dose: 500 Units Start: S Instructions: Concentration: 100 un Implanted Vascular Ad	Route: intra-catheter hits/mL. Heparin flush for ccess Device	once PRN	
				maintenance.			
Cycle		4		Repeat 1	time	Cycle length: 21 days	Porform oversid devisit
	Day			nt Requests ONC INFUSION APPOI	NTMENT REQUEST 4		Perform every 1 day x1
				Interval:	Occurrences:		
		Labs		COMPREHENSIVE ME	TABOLIC PANEL		
				Interval:	Occurrences:		
				CBC WITH PLATELET Interval:	AND DIFFERENTIAL Occurrences:		
				MAGNESIUM LEVEL			

Interval:	Occurrences:
Nursing Orders	
ONC NURSING COMI Interval: Comments:	MUNICATION 5 Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Outpatient Electrolyte Replaceme	ent Protocol
TREATMENT CONDIT Interval: Comments:	
	required
TREATMENT CONDI	TIONS 40
Interval: Comments:	Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV o Serum Magnesium 1.6 mg/dL 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
Pre-Medications	
fosaprepitant (EMEN chloride 0.9% 150 mL Dose: 150 mg Start: S Ingredients:	
	AN) 16 mg, dexamethasone in sodium chloride 0.9%

S0 mt, IVPB Start: S Route: Intravenous once over 15 Minutes for 1 dose Name Type Dose Selected Adds Vol. Main Name Type Dose Selected Adds Vol. Main Name Type Dose Selected Adds Vol. Main No Ingredient Main No No No DEXAMETHASONE Medications 10 mg Yes No SOLUTION SOLUTION Base 50 mL Yes Yes SOLUTION SOLUTION Base 50 mL No Yes VestROSE 5 % IN Base 50 mL No Yes Yes SolutTION SOLUTION SolutTION No Yes Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using O.22 micron inline filter. I finusion site pain or other symptoms associated with infusion noccur, may increase infusion time to 45 minutes. Main Yes Yes Yes Yes Yes Yes Yes Solution Solution Ingredient Solution Solution							
Ingredients: Name Type Dose 16 mg Selected Adds Vol. Main No Ingredient No Ingredient No SOLUTION SOLUTION 10 mg Yes No DEXAME THARCONE Medications 10 mg Yes No No NUMECTION SOLUTION SOLUTION SOLUTION Yes Yes SOLUTION SOLUTION SOLUTION No Yes Yes Chemotherapy Determine Yes Yes Yes Yes belinostat 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start 5 Start S Instructions: HAZARDOUS How Person Name Yes Yes 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name Type Dose: SOUUS SOLUTION SDUUTION SBase 250 mL Yes Yes Ingredients: Name Type Dose Selected Adds Vol. Main No Yes Ingredient Nain Yes SOLUTION SOLUTION SOLUTION Ingredient Nain Yes No SOLUTION SOLUTION			Route: intravenous	once over 15	Minutes fo	r 1 dose	
DEXAMETHASONE Medications 10 mg Yes No MGMU. NUNECTION SOLUTION SOLUTION Yes Yes SOLUTION SOLUTION Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes Chemotherapy Edinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1.000 ng/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1.000 ng/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1.000 ng/m2 in sodium chloride Main Yes Yes Dose: 1.000 mg/m2 in sodium chloride 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time 145 minutes. Main Yes Yes Yes Ingredients: Name Type Dose Selected Adds Vol. Main Yes Yes SOLUTION SOLUTION QS Base 250 mL Yes Yes Yes Use Solution SOLUTION QS Base 250 mL Yes Yes Yes SOLUTION SOLUTION SOLUTION SOLUTION Yes Yes <t< th=""><th></th><th></th><th>ONDANSETRON HCL 2 MG/ML INTRAVENOUS</th><th></th><th></th><th>Main</th><th>No</th></t<>			ONDANSETRON HCL 2 MG/ML INTRAVENOUS			Main	No
SODIUM Base 50 mL Yes Yes CHLORIDE 0.9 %, INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes Vestraces WATER (DSW) INTRAVENOUS SOLUTION No Yes Yes Chemotherapy Editostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB once over 30 Minutes for 1 dose Stat: 5 Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. It infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Type Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. SOLUTION SOLUTION QS Base 250 mL Yes Yes Ves MG INTRAVENOUS SOLUTION QS Base 250 mL Yes Yes Sodium chloride 0.9 % infusion 250 mL Dose: 20 mL Stat: 3 Route: intravenous PRN Stat: 5 Stat: 5 Instructions: Nete: intravenous once @ 30 mL/hr for 1 dose Stat: 5 Instructions: Route: intravenous once @ 30 mL/hr for 1 dose Stat: 5 Instructions: Grade 1 - MLD Symptoms (cutaneous and subcutaneous symptoms only - Liching, flusthat a deema, rash, or			DEXAMETHASONE 10 MG/ML INJECTION	Medications	10 mg	Yes	No
Line Flush Social Check of the series of the			SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Type Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. MG INTRAVENOUS SOLUTION BELINOSTAT 500 MG INTRAVENOUS SOLUTION Main Yes Line Flush Sodium chloride 0.9 % flush 20 mL Dose: 20 mL OS Base 250 mL Yes 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. Route: intravenous once @ 30 mL/hr for 1 dose Start: S Hematology & Oncology Hypersensitivity Reaction Standing Order Occurrences:			DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	No	Yes
belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM SODIUM SODIUM CH-ORIDE 0.9 % INTRAVENOUS SOLUTION Line Flush Start: S Nursing Orders sodium chloride 0.9 % flush 20 mL Dose: 250 mL Start: S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start Comments: Start	Chem	otherapy					
0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Statr: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. MG INTRAVENOUS Medications 1,000 Main Yes SODIUM SOBLUTION SOBLUTION mg/m2 Ingredient SODIUM QS Base 250 mL Yes Yes Ves SOLUTION SOBLUTION SOBLUTION SOBLUTION Line Flush Sodium chloride 0.9 % flush 20 mL QS Base 250 mL Yes Yes Statr: S Nursing Orders Statr: S Instructions: To keep vein open. once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order Occurrences: Comments: Comments: Comments: Comments: Courtences: Courtences: Comments: Courtences: Comments: Courtences: Contin vital signs.	Onem		2 in sodium chloride				
other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Name Type Dose Selected Adds Vol. Ingredients: Name Type Medications 1,000 Main Yes SOLUTION SOLUTION SOLUTION SOLUTION Ingredient Ingredient SOLUTION SOLUTION SOLUTION QS Base 250 mL Yes Yes Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Yes Yes Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Yes Start: S Instructions: To keep vein open. Route: intravenous once @ 30 mL/hr for 1 dose Yes Hematology & Oncology Hypersensitivity Reaction Standing Order 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. A. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing. Other Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.		0.9% 250 mL chemo IV Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	/PB Route: intravenous with care. Infuse using	once over 30	Minutes fo	r 1 dose	
BELINOSTAT 500 Medications 1,000 Main Yes MG INTRAVENOUS mg/m2 Ingredient SOLUTION SODIUM QS Base 250 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION Yes Yes Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Yes Yes Start: S 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. To keep vein open. To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order 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. So mu per hour using a new bag and new intravenous tubing.		other symptoms asso occur, may increase i minutes.	ciated with infusion nfusion time to 45				
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION QS Base 250 mL Yes Yes Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Route: intravenous PRN Nursing Orders Route: intravenous PRN Start: S Norse: 250 mL Dose: 250 mL Start: S Route: intravenous once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: 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. Stop the infusion.		Ingredients:	BELINOSTAT 500 MG INTRAVENOUS	Medications	1,000	Main	Yes
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. 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.			SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	250 mL	Yes	Yes
sodium chloride 0.9 % flush 20 mL Boute: intravenous PRN Start: S Route: intravenous PRN Nursing Orders sodium chloride 0.9 % infusion 250 mL once @ 30 mL/hr for 1 dose Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order 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.	l ine F	lush					
sodium chloride 0.9 % infusion 250 mL Boute: intravenous once @ 30 mL/hr for 1 dose Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. 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.		sodium chloride 0.9 % Dose: 20 mL		PRN			
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. 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.	Nursir	ng Orders					
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.		sodium chloride 0.9 % Dose: 250 mL Start: S Instructions:		once @ 30 m	L/hr for 1 c	lose	
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.	Hema	tology & Oncology Hyperser	sitivity Reaction Standing	n Order			
 Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing. 	i leine	ONC NURSING COMM Interval:	IUNICATION 82 Occurrences: Grade 1 - MILD Sympton	ms (cutaneou			
			 Stop the infusion. Place the patient on c 	continuous mo	nitoring.		

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

ONC NURSING COMM Interval:	UNICATION 4 Occurrences:	
Comments:	Grade 2 – MODERATE gastrointestinal symptor vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg ter 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM	UNICATION 83	
Interval: Comments:	Occurrences: Grade 3 – SEVERE Syn compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrit 10. Assess vital signs et otherwise ordered by co	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) intravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
diphenhydrAMINE (BE	NADRYL) injection 25	
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	0 mg/2 mL injection 20	
		mg Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiu (Solu-CORTEF) injecti Dose: 100 mg		PRN
		dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
		epINEPHrine (ADREN/ injection syringe 0.3 n Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL ng Route: subcutaneous	- T PRN
	Disch	arge Nursing Orders		
	DISCH	ONC NURSING COMM	IUNICATION 76	
		Interval: Comments:	Occurrences: Discontinue IV.	
	Discha	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
Day 2	2			Perform every 1 day x1
Day		ntment Requests		Fendini every i day xi
	- 1- I	ONC INFUSION APPO Interval:	INTMENT REQUEST 4 Occurrences:	
	Nursir	ng Orders ONC NURSING COMM Interval: Comments:	Occurrences:	er if ANC LESS than 1000; Platelets LESS than
	Outpa	tient Electrolyte Replacemer	nt Protocol	
	Cuipa	TREATMENT CONDIT		
		Interval:	Occurrences:	
		Comments:	MD/NP	s for SCr less than 1.5. Otherwise, contact
			o Serum potassiu PO and contact MD/NP o Serum potassiu o Serum potassiu	s only to same day lab value. m less than 3.0mEq/L, give 40mEq KCL IV or m 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO m 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO m 3.5 mEq/L or greater, do not give potassium
			replacement	

If patient meets criteria, order SmartSet called "Outpatient 0 Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign 0 required **TREATMENT CONDITIONS 40** Interval: --Occurrences: --Magnesium (Normal range 1.6 to 2.6 mg/dL) Comments: Protocol applies for SCr less than 1.5. Otherwise, contact 0 MD/NP Protocol applies only to same day lab value. 0 Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium 0 sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium 0 sulfate IV Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium 0 sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not give magnesium 0 replacement If patient meets criteria, order SmartSet called "Outpatient 0 Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign 0 required

Pre-Medications

Ch

re-iv	leaications							
	ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB							
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose			
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No		
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No		
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes		
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes		
hem	notherapy							
	belinostat 1,000 mg/m2 0.9% 250 mL chemo IVI	РВ	once over 30		* 1 deee			
	Start: S Instructions: HAZARDOUS Handle 0.22 micron inline filter other symptoms assoc occur, may increase in minutes.	. If infusion site pain or iated with infusion	once over 30	Minutes to	ridose			
	Ingredients:	Name BELINOSTAT 500	Type Medications	Dose 1,000	Selected Main	Adds Vol. Yes		

		MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	S QS Base	mg/m2 250 mL	Ingredie Yes	nt Yes
Line		SOLUTION				
Line I	sodium chloride 0.9 Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
Nursi	ng Orders					
	sodium chloride 0.9 ° Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous	once @ 30	mL/hr for 1	dose	
Hema	atology & Oncology Hyperse ONC NURSING COM		g Order			
	Interval: Comments:	 Occurrences: Grade 1 - MILD Sympton only itching, flushing, 1. Stop the infusion. 2. Place the patient on of 3. Obtain vital signs. 4. Administer Normal Saintravenous tubing. 5. If greater than or equidation by the infusion once. 6. If less than 30 minute administer Fexofenadin intravenous once. 7. Notify the treating ph 8. If no improvement aff (Moderate) or Grade 3 (9). 9. Assess vital signs evidation or content of the order of	periorbital ed continuous m aline at 50 m al to 30 minu inister Dipher es since the la e 180 mg ora ysician. ter 15 minute (Severe). ery 15 minute	ema, rash, onitoring. L per hour u tes since th hhydramine ast dose of Illy and Fan s, advance es until reso	or runny n using a ner le last dos 25 mg int Diphenhyc notidine 20 level of ca	w bag and ne e of ravenous dramine,) mg
	ONC NURSING COM Interval: Comments:	 MUNICATION 4 Occurrences: Grade 2 – MODERATE gastrointestinal sympton vomiting, dizziness, dial back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen a maintain O2 saturation of 6. Administer Normal Sinew intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, please intravenous), Fexofenate intravenous once. 8. If no improvement aff (Severe). 9. Assess vital signs ev otherwise ordered by compared to the provider of t	ms – shortne phoresis, thro n and treating continuous m t 2 L per mini of greater tha aline at 150 m isone 100 m isone 100 m ise administer dine 180 mg ter 15 minute ery 15 minute	ss of breath bat or chest onitoring. ute via nasa n or equal nL per hour pintravenou Dexameth orally and F s, advance es until reso	i, wheezing tightness, immediate al cannula. to 92%. using a no us (if patien asone 4 m amotidine level of ca	g, nausea, abdominal of ely. Titrate to ew bag and nt has allergy g 20 mg are to Grade 3

ONC NURSING COMMUNICATION 83

	ONC NURSING COM		
	Interval: Comments:	 compromise – cyanosis with systolic blood pressions of consciousness, 1. Stop the infusion. 2. Notify the CERT tear 3. Place the patient on etail 4. Obtain vital signs. 5. If heart rate is less the less than 90/50 mmHg, 6. Administer Oxygen a maintain O2 saturation 7. Administer Normal Schag and new intravenou 8. Administer Hydrocort to Hydrocortisone, plear and Famotidine 20 mg it 9. Administer Epinephri 	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. 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
	mg Dose: 25 mg	BENADRYL) injection 25 Route: intravenous	PRN
	Start: S		
	fexofenadine (ALLE) Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN
	· · ·	20 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg		PRN
	dexamethasone (DE Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADRE injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADUI mg Route: subcutaneous	- T PRN
Disch	narge Nursing Orders		
	ONC NURSING COM Interval: Comments:	MUNICATION 76 Occurrences: Discontinue IV.	
Disch	narge Nursing Orders		
	Sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (Pl	F) injection 500 Units	
	Dose: 500 Units Start: S	Route: intra-catheter	once PRN

3					Perform e	very 1 day x
Appoin	tment Requests ONC INFUSION AF Interval:	PPOINTMENT REQUEST 4				
Nursing	g Orders	Occurrences:				
	ONC NURSING CC Interval:	OCCURENCES:				
	Comments:	HOLD and notify provid 100,000.	der if ANC LES	S than 100	00; Platelets	LESS than
Outpat	ient Electrolyte Replace	ement Protocol				
	TREATMENT CON	IDITIONS 39				
	Interval: Comments:	Occurrences: Potassium (Normal rar o Protocol applie MD/NP	ige 3.5 to 5.0m is for SCr less t		Otherwise, c	ontact
		o Protocol applie	es only to same um less than 3.			KCL IV or
		o Serum potassi o Serum potassi	um 3.0 to 3.2m um 3.3 to 3.4m um 3.5 mEq/L o	Eq/L, give	20mEq KC	L IV or PO
		Electrolyte Replaceme	s criteria, order nt" e replacement o			
	TREATMENT CON	required				
	Interval: Comments:	Occurrences: Magnesium (Normal ra o Protocol applie	nge 1.6 to 2.6 i s for SCr less t)therwise, c	ontact
		MD/NP o Protocol applie	es only to same sium less than	day lab va	alue.	
		sulfate IV and contact		•		-
		o Serum Magnes sulfate IV	sium 1.3 to 1.5		_	_
		replacement	sium 1.6 mg/dL s criteria, order nt"	-	-	-
			e replacement o	order as P	er protocol:	cosign
Pre-Me	dications					
		RAN) 16 mg, dexamethasong in sodium chloride 0.9%				
	Dose: 16 mg	Route: intravenous	once over 15	Minutes f	or 1 dose	
	Start: S Ingredients:	Name ONDANSETRON	Type Medications	Dose 16 mg	Selected Main	Adds Vol. No

	10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Medications Base	10 mg 50 mL	Yes Yes	No Yes
	SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
therapy					
belinostat 1,000 mg/m 0.9% 250 mL chemo l Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle 0.22 micron inline filte other symptoms asso occur, may increase	VPB Route: intravenous e with care. Infuse using er. If infusion site pain or ociated with infusion	once over 30	Minutes fo	or 1 dose	
Ingredients:	SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Type Medications OS Base	Dose 1,000 mg/m2 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes t Yes
ush sodium chloride 0.9 % Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN			
Orders					
	6 infusion 250 mL Route: intravenous	once @ 30 m	וL/hr for 1 מ	dose	
ology & Oncology Hyperse	nsitivity Reaction Standing	g Order			
	 MUNICATION 82 Occurrences: Grade 1 - MILD Sympto only – itching, flushing, j 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equal 	ms (cutaneou periorbital ede continuous mo aline at 50 mL al to 30 minute	ma, rash, o nitoring. per hour u es since the	or runny no sing a new e last dose	bag and new of
	0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase minutes. Ingredients: Ingredients: Ingredients: Jose: 20 mL Start: S Orders sodium chloride 0.9 % Dose: 20 mL Start: S Jose: 250 mL Start: S Instructions: To keep vein open.	SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION Destrose 5 % IN WATER (D5W) INTRAVENOUS SOLUTION Ebelinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	SOLUTION DEXAMETHASONE Medications 10 MG/ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN Base WATER (D5W) INTRAVENOUS SOLUTION therapy belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micro inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name BELINOSTAT 500 MG (INTRAVENOUS SOLUTION SODIUM GINTRAVENOUS SOLUTION SODIUM Dose: 20 mL Dose: 20 mL Start: S 10 Orders sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S 10 Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start: S 10 Start: S	SOLUTION DEXAMETHASONE Medications 10 mg 10 MG/ML INJECTION SODUTION SODUTION SODUTION SODUTION SOLUTION DEXTROSE 5 % IN Base 50 mL CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL WATER (D5W) INTRAVENOUS SOLUTION therapy belinostat 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Dose: 1,000 mg/m2 Route: intravenous once over 30 Minutes for Start: S Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name Type Dose MG INTRAVENOUS 00 MEDIUM SODIUM OS Base 250 mL CHLORIDE 0.9 % INTRAVENOUS SOLUTION SODIUM OS Base 250 mL Dose: 20 mL Start: S Instructions: To keep vein open. Dogy & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneous and subc only - tiching, flushing, periorbital edema, rash, of 1. Stop the infusion. 2. Place the patient on continuous monitoring. 3. Obtain vital signs. 4. Administer Normal Saline at 50 mL per hour u intravenous tubing. 5. If greater than or equal to 30 minutes since the	SOLUTION DEXAMETHASONE Medications 10 mg Yes 10 MG/ML INJECTION SOLUTION SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN Base 50 mL Yes OF MUTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No WATER (DSW) INTRAVENOUS SOLUTION Dess: 1,000 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB Doss: 1,000 mg/m2 Route: intravenous once over 30 Minutes for 1 dose Start: 5 Instructions: HAZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion site pain or other symptoms associated with infusion occur, may increase infusion time to 45 minutes. Ingredients: Name SOLUTION

	 8. If no improvement after 15 minutes, advance level of care to Grade (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
ONC NURSING CO	OMMUNICATION 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, abdominal o 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 (Severe).
	9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
ONC NURSING CO	OMMUNICATION 83
Interval: Comments:	 Occurrences: 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 back and new intravenous tubics.
	 bag and new intravenous tubing. 8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenou 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 o otherwise ordered by covering physician.
diphenhydrAMINE	(BENADRYL) injection 25
mg Dose: 25 mg Start: S	Route: intravenous PRN
fexofenadine (ALL	EGRA) tablet 180 mg Route: oral PRN
Dose: 180 mg Start: S	
Start: S	ID) 20 mg/2 mL injection 20

	Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg		PRN
	dexamethasone (DE Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREI injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADU mg Route: subcutaneous	LT PRN
Disch	arge Nursing Orders ONC NURSING COM Interval: Comments:	MUNICATION 76 Occurrences: Discontinue IV.	
Diach			
Discr	narge Nursing Orders	% fluch 20 ml	
	Dose: 20 mL	Route: intravenous	PRN
	☑ HEParin, porcine (PF	F) injection 500 Units	
		Route: intra-catheter units/mL. Heparin flush for	once PRN
	Implanted Vascular maintenance.	Access Device	
ay 4 Appo	intment Requests ONC INFUSION APP Interval:	OINTMENT REQUEST 4	Perform every 1 day x
Nurs	ing Orders		
	ONC NURSING COM Interval:	MUNICATION 5 Occurrences:	
	Comments:	HOLD and notify provic 100,000.	ler if ANC LESS than 1000; Platelets LESS than
Outp	Comments: atient Electrolyte Replacem TREATMENT CONDI	100,000. ent Protocol	ler if ANC LESS than 1000; Platelets LESS than

	TREATMENT CONDIT	IONS 40				
	Interval:	Occurrences:				
	Comments:	Magnesium (Normal ran				
		o Protocol applies	for SCr less t	han 1.5. C	Otherwise, c	ontact
		MD/NP				
		o Protocol applies				
		o Serum Magnesi sulfate IV and contact M		1.0 mg/aL	, give z grar	n magnesium
		o Serum Magnesi		ma/dl aiv	ve 2 aram m	agnesium
		sulfate IV		ing/ac, giv	o z gramm	lagricolarii
		o Serum Magnesi	um 1.3 to 1.5	mg/dL, giv	ve 1 gram m	agnesium
		sulfate IV				
		o Serum Magnesi	um 1.6 mg/dL	or greater	r, do not giv	e magnesium
		replacement	aultaulta audau	0	a all a al "Out	
		o If patient meets Electrolyte Replacement		Smansei	called Out	patient
		o Sign electrolyte		order as P	er protocol:	cosian
		required	- epideomont (o. p. 0.0001.	coolgii
Pre-N	ledications					
		N) 16 mg, dexamethasor	ne			
		n sodium chloride 0.9%				
	50 mL IVPB	D				
	Dose: 16 mg	Route: intravenous	once over 15	Minutes f	or 1 dose	
	Start: S Ingredients:	Name	Туре	Dose	Salactad	Adds Vol.
	ingreatents.	ONDANSETRON	Medications		Main	No
		HCL 2 MG/ML	modicationic	i o mg	Ingredient	-
		INTRAVENOUS			3	
		SOLUTION				
		DEXAMETHASONE	Medications	10 mg	Yes	No
		10 MG/ML				
		INJECTION				
		INJECTION SOLUTION	Base	50 ml	Vas	Voc
		INJECTION SOLUTION SODIUM	Base	50 mL	Yes	Yes
		INJECTION SOLUTION	Base	50 mL	Yes	Yes
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN		50 mL 50 mL	Yes No	Yes Yes
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)				
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS				
		INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)				
Chem	notherapy	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION				
Cherr	belinostat 1,000 mg/n	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION				
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION		50 mL	No	
Chen	belinostat 1,000 mg/n	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	
Chen	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Hand	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using	Base	50 mL	No	
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or	Base	50 mL	No	
Chen	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	Base	50 mL	No	
Chem	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	Base	50 mL	No	
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase minutes.	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or ociated with infusion infusion time to 45	Base once over 30	50 mL Minutes f	No or 1 dose	Yes
Cherr	belinostat 1,000 mg/n 0.9% 250 mL chemo I Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handl 0.22 micron inline filt other symptoms asso occur, may increase	INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION 12 in sodium chloride VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	Base	50 mL	No or 1 dose	

Ingredients:	Name BELINOSTAT 500 MG INTRAVENOUS		Dose 1,000 mg/m2	Selected Main Ingredient	Adds Vol. Yes
	SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

Line Flu	ish		
	sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	Start: S		
Nursing	g 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		
Hemate		sensitivity Reaction Stand	ng Order
	ONC NURSING CON Interval:	Occurrences:	
	Comments:		toms (cutaneous and subcutaneous symptoms
	Commonitor		, periorbital edema, rash, or runny nose)
		1. Stop the infusion.	
			n continuous monitoring.
		3. Obtain vital signs.	
			Saline at 50 mL per hour using a new bag and ne
		intravenous tubing.	ual to 30 minutes since the last dose of
			minister Diphenhydramine 25 mg intravenous
		once.	
		6. If less than 30 minu	tes since the last dose of Diphenhydramine,
			ine 180 mg orally and Famotidine 20 mg
		intravenous once.	
		7. Notify the treating p	nysician. after 15 minutes, advance level of care to Grade 2
		(Moderate) or Grade 3	
			every 15 minutes until resolution of symptoms or
		otherwise ordered by	
	ONC NURSING COM		
	Interval:	Occurrences:	
	Comments:		E Symptoms (cardiovascular, respiratory, or oms – shortness of breath, wheezing, nausea,
			aphoresis, throat or chest tightness, abdominal c
		back pain)	
		1. Stop the infusion.	
			am and treating physician immediately.
			n continuous monitoring.
		 Obtain vital signs. Administer Oxygen 	at 2 L per minute via nasal cannula. Titrate to
			n of greater than or equal to 92%.
			Saline at 150 mL per hour using a new bag and
		new intravenous tubin	g.
			ortisone 100 mg intravenous (if patient has allergy
			ase administer Dexamethasone 4 mg
		intravenous), Fexoren intravenous once.	adine 180 mg orally and Famotidine 20 mg
			after 15 minutes, advance level of care to Grade 3
		(Severe).	
			every 15 minutes until resolution of symptoms or
		otherwise ordered by	covering physician.
	ONC NURSING COM		
	Interval:	Occurrences:	
	Comments:		ymptoms (hypoxia, hypotension, or neurologic
	Comments:	compromise – cyanos	is or O2 saturation less than 92%, hypotension, or neurologic is or O2 saturation less than 92%, hypotension

			less of some shares	
			 loss of consciousness, of Stop the infusion. Notify the CERT team Place the patient on of 	n and treating physician immediately.
			 Obtain vital signs. If heart rate is less that less than 90/50 mmHg, Administer Oxygen at 	an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to
			7. Administer Normal Sa	of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new
			to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrir	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
		diphenhydrAMINE (BE mg	NADRYL) injection 25	
		Dose: 25 mg Start: S	Route: intravenous	PRN
		fexofenadine (ALLEGF Dose: 180 mg Start: S	A) tablet 180 mg Route: oral	PRN
		famotidine (PEPCID) 2	0 mg/2 mL injection 20	
		mg Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiun		
		(Solu-CORTEF) injection Dose: 100 mg	Route: intravenous	PRN
		dexamethasone (DECA Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
		epINEPHrine (ADRENA	, .	.T
		injection syringe 0.3 m Dose: 0.3 mg Start: S	g Route: subcutaneous	PRN
	Disch	arge Nursing Orders		
		ONC NURSING COMM Interval:	UNICATION 76 Occurrences:	
		Comments:	Discontinue IV.	
	Disch	arge Nursing Orders		
		🕢 sodium chloride 0.9 %	flush 20 mL	
		Dose: 20 mL	Route: intravenous	PRN
		Image: HEParin, porcine (PF)	njection 500 Units	
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
		Concentration: 100 un Implanted Vascular Ac maintenance.	its/mL. Heparin flush for ccess Device	
Day 5	5			Perform every 1 day x1

Interval: Occurrences: Nursing Orders Onc NURSING COMMUNICATION 5 Interval: Occurrences: Comments: HOLD and notify provider if ANC LESS than 1000; Platelet 100,000. Outpatient Electrolyte Replacement Protocol TREATMENT CONDITIONS 39 Interval: Occurrences: Comments: Potassium (Normal range 3.5 to 5.0mEq/L) 0 Protocol applies for SCr less than 1.5. Otherwise, MD/NP 0 Protocol applies only to same day lab value. 0 0 Protocol applies only to same day lab value. 0 0 Serum potassium 3.5 to 3.2mEq/L, give 40mE pO and contact MD/NP 0 0 Serum potassium 3.1 to 3.4mEq/L, give 40mEq K 0 0 Bratient meets criteria, order SmartSet called "O Electrolyte Replacement" 0 0 If patient meets criteria, order SmartSet called "O Electrolyte Replacement" 0 0 Sign electrolyte replacement order as Per protocc required 0 TREATMENT CONDITIONS 40 Interval: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) 0 0 0 Protocol applies on SCr less than 1.5. Otherwise, MD/NP 0 0 Protocol applies on SCr less than 1.6. Un gr/dL, give 2 gras sulfate IV and contact MD/NP </th <th></th>	
ONC NURSING COMMUNICATION 5 Interval: Comments: Occurrences: HOLD and notify provider if ANC LESS than 1000; Platele 100,000. Outpatient Electrolyte Replacement Protocol TREATMENT CONDITIONS 39 Interval: Comments: Occurrences: Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq PO and contact MD/NP o Serum potassium 3.5 mEq/L or greater, do not giv replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o If patient meets criteria, order smartSet called "O Electrolyte Replacement" o Protocol applies only to same day lab value. o Protocol applies only to same day lab value. o Protocol applies only to same day lab value. o Protocol applies only to same day lab value. o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.0 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o Serum Magnesium 1.6 mg/dL or greater, do not g replacement Sign electrolyte replacement"	
Interval: Occurrences: Comments: HOLD and notify provider if ANC LESS than 1000; Platele 100,000. 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, MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq K o Serum potassium 3.1 to 3.2mEq/L, give 20mEq K o Serum potassium 3.5 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 to 3.4mEq/L or greater, do not give replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protocod required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol protocol applies only to same day lab value. o Serum Magnesium 1.16 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol Electrolyte Replacement"	
Comments: HOLD and notify provider if ANC LESS than 1000; Platele 100,000. 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, MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mE PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 20mEq K o Serum potassium 3.0 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 mEq/L or greater, do not giverplacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g o Serum Magnesium 1.1.6 mg/dL or greater, do not g required Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg	
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, MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mE PO and contact MD/NP o o Serum potassium 3.0 to 3.2mEq/L, give 40mEq K o Serum potassium 3.5 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 mEq/L or greater, do not giv replacement o o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocc required Cocurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL	ets LESS than
Interval: Occurrences: Comments: Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o o Serum potassium less than 3.0mEq/L, give 40mEq K PO and contact MD/NP o o Serum potassium 3.0 to 3.2mEq/L, give 40mEq K o Serum potassium 3.0 to 3.2mEq/L, give 40mEq K o Serum potassium 3.0 to 3.2mEq/L, give 20mEq K o Serum potassium 3.0 to 3.2mEq/L, give 20mEq K o Serum potassium 3.5 mEq/L or greater, do not giv replacement o o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocor required Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.0 to 1.2 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL	
 Protocol applies for SCr less than 1.5. Otherwise, MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq K Serum potassium 3.5 mEq/L, give 20mEq K Serum potassium 3.5 mEq/L or greater, do not giv replacement If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocor required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) Protocol applies for SCr less than 1.5. Otherwise, MD/NP Protocol applies only to same day lab value. Serum Magnesium less than 1.0 mg/dL, give 2 gram sulfate IV and contact MD/NP Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement Serum Magnesium 1.6 mg/dL or greater, do not give replacement 	
 Serum potassium less than 3.0mEq/L, give 40mE PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq K Serum potassium 3.0 to 3.2mEq/L, give 20mEq K Serum potassium 3.5 mEq/L or greater, do not give replacement If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocor required TREATMENT CONDITIONS 40 Interval: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) Protocol applies for SCr less than 1.5. Otherwise, MD/NP Protocol applies only to same day lab value. Serum Magnesium less than 1.0 mg/dL, give 2 gram sulfate IV Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not give replacement If patient meets criteria, order SmartSet called "O 	, contact
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq K o Serum potassium 3.5 mEq/L or greater, do not giver replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocol required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gram sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not greplacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" If patient meets criteria, order SmartSet called "O	Eq KCL IV or
o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocol required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocol	CL IV or PO
required TREATMENT CONDITIONS 40 Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV and contact MD/NP o o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocol	
Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol	ol: cosign
Comments:Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, MD/NP o Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol	
 Protocol applies for SCr less than 1.5. Otherwise, MD/NP Protocol applies only to same day lab value. Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not g replacement If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocol 	
 Protocol applies only to same day lab value. Serum Magnesium less than 1.0 mg/dL, give 2 gr sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV Serum Magnesium 1.6 mg/dL or greater, do not g replacement If patient meets criteria, order SmartSet called "O Electrolyte Replacement" Sign electrolyte replacement order as Per protocod 	, contact
o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protoco	ram magnesiu
sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not g replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protoco	magnesium
replacement o If patient meets criteria, order SmartSet called "O Electrolyte Replacement" o Sign electrolyte replacement order as Per protoco	-
Electrolyte Replacement" o Sign electrolyte replacement order as Per protoco	
	·
Due Mediectione	
Pre-Medications ondansetron (ZOFRAN) 16 mg, dexamethasone	

50 mL IVPB					
Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes f	or 1 dose	
Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
U	ONDANSETRON	Medications	16 mg	Main	No
	HCL 2 MG/ML		Ŭ	Ingredien	t
	INTRAVENOUS			Ũ	
	SOLUTION				
	DEXAMETHASON	E Medications	10 mg	Yes	No
	10 MG/ML		•		
	INJECTION				

		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chem	otherapy					
onem	belinostat 1,000 mg/m2	2 in sodium chloride				
	0.9% 250 mL chemo IV Dose: 1,000 mg/m2 Start: S		once over 30	Minutes fo	or 1 dose	
	Instructions: HAZARDOUS Handle					
	minutes.					
	Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
Line F	lush					
	sodium chloride 0.9 %	flush 20 mL				
	Dose: 20 mL Start: S	Route: intravenous	PRN			
Nursin	g 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 c	dose	
Hemat	tology & Oncology Hypersen ONC NURSING COMM) Order			
	Interval:	Occurrences:				
	Comments:	Grade 1 - MILD Sympton only – itching, flushing, p 1. Stop the infusion.	periorbital ede	ma, rash, c		
		 Place the patient on c Obtain vital signs. Administer Normal Sa 		-	sing a new	bag and new
		intravenous tubing. 5. If greater than or equa Diphenhydramine, admi				
		once. 6. If less than 30 minute administer Fexofenadine				
		intravenous once. 7. Notify the treating phy	vsician.	-		J
		8. If no improvement after (Moderate) or Grade 3 (9. Assess vital signs even	Severe). ery 15 minutes	s until resol		
		otherwise ordered by co	vering physici	an.		

ONC NURSING COMM		
Interval:		
Comments:	gastrointestinal symptom vomiting, dizziness, diag back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg er 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM		
Interval:	Occurrences:	
Comments:	compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrin 10. Assess vital signs er otherwise ordered by co	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new is tubing. 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	
mg Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALLEGI Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
	0 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN

		hydrocortisone sodiur			
		(Solu-CORTEF) injection Dose: 100 mg	Route: intravenous	PRN	
		dexamethasone (DEC)	ADRON) injection 4 mg		
		Dose: 4 mg Start: S	Route: intravenous	PRN	
		epINEPHrine (ADRENA injection syringe 0.3 m	ALIN) 1 mg/10 mL ADUL	.T	
		Dose: 0.3 mg Start: S	Route: subcutaneous	PRN	
	Discharge	Nursing Orders			
		ONC NURSING COMM	UNICATION 76 Occurrences:		
		Comments:	Discontinue IV.		
	Discharge	Nursing Orders			
	\checkmark	sodium chloride 0.9 %	flush 20 mL		
		Dose: 20 mL	Route: intravenous	PRN	
	\checkmark	HEParin, porcine (PF)	injection 500 Units		
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
			nits/mL. Heparin flush for ccess Device		
Cycle 6 Day	1	Repeat 1	time	Cycle length: 21 days	Perform every 1 day x1
	Appointme	ant Requests			
	the second	ONC INFUSION APPOI Interval:	INTMENT REQUEST 4 Occurrences:		
	Labs	ONC INFUSION APPOI	Occurrences:		
		ONC INFUSION APPOI	Occurrences:		
		ONC INFUSION APPOI Interval: COMPREHENSIVE ME	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL		
		ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET	Occurrences: TABOLIC PANEL Occurrences:		
		ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: orders	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences:		
	Labs	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: rders ONC NURSING COMM	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences:		
	Labs	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: orders	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences: UNICATION 5 Occurrences:	er if ANC LESS than 100	0; Platelets LESS than
	Labs Nursing O	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: orders ONC NURSING COMM Interval: Comments:	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences: UNICATION 5 Occurrences: HOLD and notify provide 100,000. The Protocol	er if ANC LESS than 100	0; Platelets LESS than
	Labs Nursing O	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: orders ONC NURSING COMM Interval: Comments:	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences: UNICATION 5 Occurrences: HOLD and notify provide 100,000. Mt Protocol ONS 39	er if ANC LESS than 100	0; Platelets LESS than
	Labs Nursing O	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: orders ONC NURSING COMM Interval: Comments:	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences: IUNICATION 5 Occurrences: HOLD and notify provide 100,000. AND Protocol ONS 39 Occurrences: Potassium (Normal range		
	Labs Nursing O	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: rders ONC NURSING COMM Interval: Comments: t Electrolyte Replacemen TREATMENT CONDITI Interval:	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences: UNICATION 5 Occurrences: HOLD and notify provide 100,000. AND Protocol ONS 39 Occurrences: Potassium (Normal range o Protocol applies MD/NP	ge 3.5 to 5.0mEq/L) s for SCr less than 1.5. O	therwise, contact
	Labs Nursing O	ONC INFUSION APPOI Interval: COMPREHENSIVE ME Interval: CBC WITH PLATELET Interval: MAGNESIUM LEVEL Interval: rders ONC NURSING COMM Interval: Comments: t Electrolyte Replacemen TREATMENT CONDITI Interval:	Occurrences: TABOLIC PANEL Occurrences: AND DIFFERENTIAL Occurrences: Occurrences: UNICATION 5 Occurrences: HOLD and notify provide 100,000. AND Protocol applies MD/NP o Protocol applies	ge 3.5 to 5.0mEq/L)	therwise, contact lue.

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

TREATMENT CONDITI	ONS 40
Interval:	Occurrences:
Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL)
	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 1.0 mg/dL, give 2 gram magnesium
	sulfate IV and contact MD/NP
	o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium
	sulfate IV
	o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium
	sulfate IV
	o Serum Magnesium 1.6 mg/dL 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
ations	

Pre-Medications forsprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB once over 30 Minutes for 1 dose Dose: 150 mg Start: S Route: intravenous once over 30 Minutes for 1 dose Start: S Ingredients: Name FOSAPREPITANT 150 MG INTRAVENOUS SOLUTION SOLUTION SOLUTION Type Medications Dose 150 mg Selected Adds Vol. Main Yes Ingredient ondansetron (ZOFRAN) 16 mg, dexamethason- (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB Os Base 145 mL Yes Yes Dose: 16 mg Start: S Route: intravenous once over 15 Minutes for 1 dose Selected Adds Vol. Main NTRAVENOUS Dose: 16 mg Start: S Route: intravenous once over 15 Minutes for 1 dose Selected Adds Vol. Main No Ingredients: Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION Type Medications Dose 16 mg Selected Adds Vol. Main No Ingredient DEXAMETHASONE Medications 10 mg Yes No DEXAMETHASONE SOLUTION Base 50 mL Yes SODIUM DEXTROSE 5 % IN Base 50 mL No Yes							
chloride 0.9% 150 mL IVPB once over 30 Minutes for 1 dose Dose: 150 mg Start: S Route: intravenous once over 30 Minutes for 1 dose Ingredients: Name FOSAPREPITANT 150 MG INTRAVENOUS SOLUTION Type Medications Dose 150 mg Selected Adds Vol. Main Yes Ingredient ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% S0 mL IVPB QS Base 145 mL Yes Dose: 16 mg Start: S Route: intravenous Start: S once over 15 Minutes for 1 dose Ingredients: Name CHLORIDE 0.9 % INTRAVENOUS SOLUTION once over 15 Minutes for 1 dose Start: S Ingredients: Name CHL 2 MG/ML INTRAVENOUS SOLUTION Dose Solution Selected Adds Vol. ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION Main No Ingredient No No DEXAMETHASONE Medications SOLUTION 10 mg Yes No SODIUM SODIUM Base 50 mL Yes No Ves CHLORIDE 0.9 % INTRAVENOUS SOLUTION Base 50 mL Yes	Pre-M	ledications					
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150 MG Ingredient INTRAVENOUS SOLUTION SODIUM QS Base 145 mL Yes Yes Yes Ondansetron (ZOFRAN) 16 mg, dexamethasone Ingredient Yes (DECADRON) 10 mg in sodium chloride 0.9% SOLUTION once over 15 Minutes for 1 dose Start: S Name Type Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. Medications 16 mg Main No SoLUTION SOLUTION SOLUTION Medications 10 mg Main No No Ingredient No Ingredient Ingredients: Name Type Dose Selected Adds Vol. MAIN INTRAVENOUS SOLUTION Medications 10 mg Yes No INSCLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION Yes Yes SODIUM Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS </th <th></th> <th>ingrealents:</th> <th></th> <th></th> <th></th> <th></th> <th></th>		ingrealents:					
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INJECTION SOLUTION SODIUM Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS	Туре	Dose	Selected Main	No
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SODIUM Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML	Type Medications	Dose 16 mg	Selected Main Ingredient	No
CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION	Type Medications	Dose 16 mg	Selected Main Ingredient	No
INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Type Medications	Dose 16 mg 10 mg	Selected Main Ingredient Yes	No
SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM	Type Medications	Dose 16 mg 10 mg	Selected Main Ingredient Yes	No
DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 %	Type Medications	Dose 16 mg 10 mg	Selected Main Ingredient Yes	No
WATER (D5W)		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Type Medications	Dose 16 mg 10 mg	Selected Main Ingredient Yes	No
INTRAVENOUS		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Type Medications Medications Base	Dose 16 mg 10 mg 50 mL	Selected Main Ingredient Yes Yes	No No Yes
		Start: S	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION DEXAMETHASONE 10 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN	Type Medications Medications Base	Dose 16 mg 10 mg 50 mL	Selected Main Ingredient Yes Yes	No No Yes

Chen		SOLUTION				
	notherapy					
			once over 30	Minutes fo	or 1 dose	
	other symptoms asso occur, may increase minutes. Ingredients:	ociated with infusion	Type Medications	Dose 1,000		Adds Vol. Yes
		MG INTRAVENOUS SOLUTION SODIUM		mg/m2 250 mL	Ingredient	
		CHLORIDE 0.9 % INTRAVENOUS SOLUTION		200 1112	100	100
Line	sodium chloride 0.9 %		DDN			
	Dose: 20 mL Start: S	Route: intravenous	PRN			
Nursi	ng Orders					
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions:	6 infusion 250 mL Route: intravenous	once @ 30 m	IL/hr for 1 d	dose	
Home	To keep vein open. atology & Oncology Hyperse	nsitivity Reaction Standing	n Ordor			
neina	ONC NURSING COM Interval: Comments:		JOIdel			
	Comments.	 Grade 1 - MILD Sympto only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equa Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenading intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 (9. Assess vital signs even otherwise ordered by con 	continuous mo aline at 50 mL al to 30 minute nister Diphenh s since the las e 180 mg orall ysician. er 15 minutes, Severe). ery 15 minutes	ma, rash, o nitoring. per hour u es since tho nydramine st dose of I y and Fam , advance I s until resol	or runny no sing a new e last dose 25 mg intra Diphenhydra otidine 20 r evel of care	bag and no of venous amine, ng e to Grade

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.

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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 (BE mg Dose: 25 mg Start: S	NADRYL) injection 25 Route: intravenous	PRN
fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
famotidine (PEPCID) 2	0 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone sodiur	n succinate	
(Solu-CORTEF) injection Dose: 100 mg		PRN
dexamethasone (DEC/	ADRON) injection 4 mg	
-	Route: intravenous	PRN
epINEPHrine (ADRENA	ALIN) 1 mg/10 mL ADUL	Т
injection syringe 0.3 m Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN

Discł	narge Nursing Orders ONC NURSING COI				
	Interval:	Occurrences:			
	Comments:	Discontinue IV.			
Discr	harge Nursing Orders				
	✓ sodium chloride 0.9				
	Dose: 20 mL	Route: intravenous PRN			
	HEParin, porcine (P	PF) injection 500 Units			
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter once PRN			
) units/mL. Heparin flush for r Access Device			
y 2		Perform every 1 day			
Appo	intment Requests				
	Interval:	POINTMENT REQUEST 4 Occurrences:			
Nursi	ing Orders				
i tursi	ONC NURSING COI	MMUNICATION 5			
	Interval:	Occurrences:			
	Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS tha 100,000.			
Outp	atient Electrolyte Replacer	nent Protocol			
·	TREATMENT CONE				
	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				
		MD/NP o Protocol applies only to same day lab value.			
		MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or			
		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			
		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			
		 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 			
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		 MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient 			
		 MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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" 			
		 MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient 			
		 MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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 CONE Interval:	 MD/NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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 			
		MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL)			
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact			
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP			
	Interval:	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 3.5 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 DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesiu			
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesius sulfate IV and contact MD/NP			
	Interval:	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 3.5 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 DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesius sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium			
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesiu sulfate IV and contact MD/NP			
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesius sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV			
	Interval:	MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required DITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6 mg/dL) 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 1.0 mg/dL, give 2 gram magnesiu sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 1 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium			

		o If patient meets Electrolyte Replacement o Sign electrolyte required	t"			
		•				
Pre-Medi	ondansetron (ZOFRAN	N) 16 mg, dexamethasor	ne			
	50 mL IVPB	n sodium chloride 0.9%				
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	or 1 dose	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemoth	erapy	001011011				
	belinostat 1,000 mg/m 0.9% 250 mL chemo IV					
	Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	Route: intravenous e with care. Infuse using er. If infusion site pain or ciated with infusion	once over 30	Minutes fo	r 1 dose	
	Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
Line Flus		(I L 00 L				
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nursing C						
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
Hematolo	gy & Oncology Hypersen ONC NURSING COMM	UNICATION 82	g Order			
	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

ONC NURSING C	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.
	Notify the CERT team and treating physician immediately.
	 Place the patient on continuous monitoring. 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%.
	 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	OMMUNICATION 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.

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.

			ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or overing physician.
	diphenhydrAMINE (BE	ENADRYL) injection 25	
	mg 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		PRN
	dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN	ALIN) 1 mg/10 mL ADU	LT
	injection syringe 0.3 n Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN
<mark>Disch</mark>	arge Nursing Orders		
	ONC NURSING COMM Interval: Comments:	Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
	🕢 sodium chloride 0.9 %	flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	Image: HEParin, porcine (PF)	injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
	Concentration: 100 un Implanted Vascular A maintenance.	nits/mL. Heparin flush for ccess Device	r
Day 3			Perform every 1 day x1
Арро	Intment Requests ONC INFUSION APPO Interval:	INTMENT REQUEST 4 Occurrences:	
Nursi	ng Orders	00001101063	
	ONC NURSING COMM		
	Interval: Comments:	Occurrences: HOLD and notify provid 100,000.	ler if ANC LESS than 1000; Platelets LESS than
Outpa	atient Electrolyte Replaceme	nt Protocol	
	TREATMENT CONDIT		
	Comments:	Potassium (Normal ran	ge 3.5 to 5.0mEq/L)

0	Protocol applies for SCr less than 1.5. Otherwise, contact
MD/NP	

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP

- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO

o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement

o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval:	Occurrences:
Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL)
	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 1.0 mg/dL, give 2 gram magnesium
	sulfate IV and contact MD/NP
	o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium
	sulfate IV
	o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium
	sulfate IV
	o Serum Magnesium 1.6 mg/dL 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

Pre-Medications

FIE-IVI	edications								
	ondansetron (ZOFRAN	N) 16 mg, dexamethasor	ne						
	(DECADRON) 10 mg in sodium chloride 0.9%								
	50 mL IVPB								
	Dose: 16 mg	Route: intravenous	once over 15	Minutes fo	r 1 dose				
	Start: S								
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.			
	Ũ	ONDANSETRON	Medications	16 mg	Main	No			
		HCL 2 MG/ML		Ũ	Ingredient				
		INTRAVENOUS			U U				
		SOLUTION							
		DEXAMETHASONE	Medications	10 mg	Yes	No			
		10 MG/ML		Ū					
		INJECTION							
		SOLUTION							
		SODIUM	Base	50 mL	Yes	Yes			
		CHLORIDE 0.9 %							
		INTRAVENOUS							
		SOLUTION							
		DEXTROSE 5 % IN	Base	50 mL	No	Yes			
		WATER (D5W)							
		INTRAVÈNOUS							
		SOLUTION							
Chem	otherapy								
Chem	belinostat 1,000 mg/m	2 in sodium chloride							
	0.9% 250 mL chemo IV								
	Dose: 1,000 mg/m2	Route: intravenous	once over 30	Minutes fo	r 1 dose				
	_ 5001 1,000 mg/mL		0.00 010.00						

Start: S Instructions: HZARDOUS Handle with care. Infuse using 0.22 micron inline filter. If infusion occur, may increase infusion time to 45 minutes. Dose Selected Adds Vol. Ingredients: Name Type Dose Selected Adds Vol. BELINOSTAT 500 Medications 1,000 Main Yes SOLUTION SOLUTION QS Base 250 mL Yes Yes Solution Notice intravenous PRN Start: S Yes Yes Nursing Orders Solution Pote: intravenous PRN Start: S Start: S Nursing Orders Start: S Route: intravenous once @ 30 mL/hr for 1 dose Start: S Nursing Orders Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periobital edema, rash, or runny nose) 1. Stop the infusion. Hetrix1: Cocurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periobital 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 toring. 5. If greater than or equal to 30 minutes since the last dose of						
SolUTION SODUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start : S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start : S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start : S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Route: intravenous Start : S Nursing Orders Concology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Carade 1 - MLD Symptoms (cutaneous and subcutaneous symptoms only - riching, flushing, perioribital 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. 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. 8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 2 (Severe). 9. Assess vital signs every 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. 8. If no improvement after 15 minutes modified by 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering	Instructions: HAZARDOUS Handle 0.22 micron inline filter other symptoms assoc occur, may increase in minutes.	. If infusion site pain or iated with infusion fusion time to 45 Name BELINOSTAT 500	Medications	1,000	Main	Yes
Line Flush sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Instructions: To keep vein open. Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MLD 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. A diminister 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. 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. 8. If no improvement after 15 minutes, advance level of symptoms or otherwise ordered by covering physician. 8. If no improvement after 15 minutes, advance level of symptoms or otherwise ordered by covering physician. 9. Assess vital signs every 15 minutes and resting nausea, womiting, 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%.		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS		-	-	
sodium chloride 0.9 % flush 20 mL Dose: 20 mL Start: S Route: intravenous PRN Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL Start: S Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open. Route: intravenous once @ 30 mL/hr for 1 dose Hematology & Oncology Hypersensitivity Reaction Standing Order OCC 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:						

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:	nments: Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or no compromise – cyanosis or O2 saturation less than 92%, hyp with systolic blood pressure less than 90 mmHg, confusion, loss of consciousness, or incontinence) 1. Stop the infusion. 2. Notify the CERT team and treating physician immediately				
		 Place the patient on Obtain vital signs. 	m and treating physician immediately. continuous monitoring. nan 50 or greater than 120, or blood pressure is			
		less than 90/50 mmHg 6. Administer Oxygen a maintain O2 saturation	, place patient in reclined or flattened position. at 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%.			
		bag and new intravend	Saline at 1000 mL intravenous bolus using a new ous tubing. tisone 100 mg intravenous (if patient has allergy			
		to Hydrocortisone, plea and Famotidine 20 mg	ase administer Dexamethasone 4 mg intravenous) intravenous once.			
			ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or overing physician.			
	diphenhydrAMINE (B 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			
	mg) 20 mg/2 mL injection 20				
	Dose: 20 mg Start: S	Route: intravenous	PRN			
	hydrocortisone sodi (Solu-CORTEF) inject Dose: 100 mg		PRN			
-	U	CADRON) injection 4 mg	1			
	Dose: 4 mg Start: S	Route: intravenous PRN				
	epINEPHrine (ADRE injection syringe 0.3 Dose: 0.3 mg Start: S	ENALIN) 1 mg/10 mL ADULT .3 mg Route: subcutaneous PRN				
Dischar	ge Nursing Orders					
Diconary	ONC NURSING COM					
	Interval:	Occurrences:				
	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 4	Perform every 1 day ×
Арро	intment Requests ONC INFUSION APPOINTMENT REQUEST 4 Interval: Occurrences:
Nursi	ng Orders
	ONC NURSING COMMUNICATION 5Interval:Occurrences:Comments:HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Outpa	atient 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 3.0 to 3.2mEq/L, give 20mEq KCL IV or PO o 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:
	Interval: Occurrences: Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP O o Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesiu sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV o Serum Magnesium 1.0 to 1.2 mg/dL, give 1 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV o Serum Magnesium 1.6 mg/dL or greater, do not give magnesiu replacement o o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o o Sign electrolyte replacement order as Per protocol: cosign

Pre-M	1edications					
	ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB					
	Dose: 16 mg Start: S	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Selected Main Ingredient	Adds Vol. No
		DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Cham	atherapy	OCECTION				
Chen	notherapy belinostat 1,000 mg/m	2 in sodium chloride				
	0.9% 250 mL chemo IN Dose: 1,000 mg/m2 Start: S Instructions: HAZARDOUS Handle	VPB Route: intravenous e with care. Infuse using er. If infusion site pain or pociated with infusion	once over 30	Minutes fo	r 1 dose	
	minutes. Ingredients:	Name BELINOSTAT 500 MG 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	Yes	Yes
Line F	Flush					
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Nurei	ng Orders					
i i ui Si	sodium chloride 0.9 %	infusion 250 mL				
	Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous	once @ 30 m	L/hr for 1 d	lose	
Hema	atology & Oncology Hyperse	nsitivity Reaction Standing	g Order			
	ONC NURSING COMM Interval: Comments:		ms (cutaneous periorbital ede	ma, rash, c		
		o. Obtain vita 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%.
	Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
	 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.
	 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:
	Occurrences: Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic
Interval:	Occurrences: Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension
Interval:	Occurrences: 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,
Interval:	Occurrences: 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)
Interval:	Occurrences: 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.
Interval:	Occurrences: 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)
Interval:	 Occurrences: 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.
Interval:	 Occurrences: 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
Interval:	 Occurrences: 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.
Interval:	 Occurrences: 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
Interval:	 Occurrences: 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%.
Interval:	 Occurrences: 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
Interval:	 Occurrences: 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%.
Interval:	 Occurrences: 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)
Interval:	 Occurrences: 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.
Interval:	 Occurrences: 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.
Interval:	 Occurrences: 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.

	mg Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALLEG Dose: 180 mg Start: S	iRA) tablet 180 mg Route: oral	PRN
		20 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN
	dexamethasone (DEC Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN injection syringe 0.3 Dose: 0.3 mg	IALIN) 1 mg/10 mL ADUI mg Route: subcutaneous	L T PRN
	Start: S		
Disch	arge Nursing Orders ONC NURSING COMI	MUNICATION 76	
	Interval: Comments:	Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
Bioon	✓ sodium chloride 0.9 9	% flush 20 ml	
	Dose: 20 mL	Route: intravenous	PBN
	Dose. 20 IIIL	noule. Intravenous	
	HEParin, porcine (PF) injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
		units/mL. Heparin flush for Access Device	
y 5			Perform every 1 day x1
	ntment Requests		
	ONC INFUSION APPO	Occurrences:	
Nursi	ng Orders		
Nursi	ONC NURSING COMI	MUNICATION 5	
	Interval: Comments:	Occurrences: HOLD and notify provid 100,000.	er if ANC LESS than 1000; Platelets LESS than
Outpa	tient Electrolyte Replaceme	ent Protocol	
Carpe	TREATMENT CONDI		
	Interval: Comments:	Occurrences: Potassium (Normal rang o Protocol applies MD/NP	ge 3.5 to 5.0mEq/L) s for SCr less than 1.5. Otherwise, contact
		o Protocol applies o Serum potassic PO and contact MD/NP	
		o Serum potassiu	Im 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

Serum potassium 3.5 mEq/L or greater, do not give potassium 0 replacement

o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign 0 required

other symptoms associated with infusion occur, may increase infusion time to 45

	TREATMENT CONDITIONS 40					
	Interval:					
	Comments:	Magnesium (Normal range 1.6 to 2.6 mg/dL)				
		o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP				
		o Protocol applies	only to same	day lab va	lue.	
		o Serum Magnesi	um less than 1			n magnesium
		sulfate IV and contact M				
		o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV				
		o Serum Magnesi	um 1.3 to 1.5	mg/dL, give	e 1 gram m	agnesium
		sulfate IV			_	-
		 Serum Magnesium 1.6 mg/dL or greater, do not give magnesium replacement If patient meets criteria, order SmartSet called "Outpatient 				
		Electrolyte Replacement	t"			
		o Sign electrolyte	replacement of	order as Pe	r protocol:	cosign
		required				
Pre-M	ledications					
110 1		I) 16 mg, dexamethasor	ne			
		sodium chloride 0.9%				
	50 mL IVPB Dose: 16 mg	Route: intravenous	once over 15	Minutos fo	r 1 doso	
	Start: S	noule. Init avenous	Unce over 15	winutes to	110056	
	Ingredients:	Name	Туре	Dose		Adds Vol.
		ONDANSETRON	Medications	16 mg	Main	No
		HCL 2 MG/ML INTRAVENOUS			Ingredient	
		SOLUTION				
		DEXAMETHASONE	Medications	10 mg	Yes	No
		10 MG/ML INJECTION				
		SOLUTION				
		SODIUM	Base	50 mL	Yes	Yes
		CHLORIDE 0.9 %				
		INTRAVENOUS SOLUTION				
		DEXTROSE 5 % IN	Base	50 mL	No	Yes
		WATER (D5W)				
		INTRAVENOUS SOLUTION				
Char	athorapy	SOLUTION				
Cherr	notherapy belinostat 1,000 mg/m	2 in sodium chloride				
	0.9% 250 mL chemo IV	'PB				
	Dose: 1,000 mg/m2	Route: intravenous	once over 30	Minutes fo	r 1 dose	
	Start: S Instructions:					
		with core infuse using				
		with care. Infuse using				
		with care. Infuse using r. If infusion site pain or				

	minutes. Ingredients:	Name BELINOSTAT 500 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Type Medications QS Base	Dose 1,000 mg/m2 250 mL	Selected Main Ingredient Yes	Adds Vol. Yes Yes	
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 Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	dose		
Hema	tology & Oncology Hypersen	sitivity Reaction Standing	g Order				
	ONC NURSING COMM Interval: Comments:						
	ONC NURSING COMM Interval: Comments:	 MUNICATION 4 Occurrences: 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 e otherwise ordered by c	very 15 minutes until resolution of symptoms or covering physician.			
	ONC NURSING COM					
	Interval: Comments:	 compromise – cyanosi with systolic blood pres- loss of consciousness, 1. Stop the infusion. 2. Notify the CERT tea 3. Place the patient on 4. Obtain vital signs. 5. If heart rate is less t less than 90/50 mmHg 6. Administer Oxygen maintain O2 saturation 7. Administer Normal S bag and new intravence 8. Administer Hydroco 	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new is tubing. isone 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 (ALLE) Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN			
		20 mg/2 mL injection 2	0			
	mg Dose: 20 mg Start: S	Route: intravenous	PRN			
	hydrocortisone sodi (Solu-CORTEF) inject Dose: 100 mg		PRN			
	dexamethasone (DE Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	g PRN			
	epINEPHrine (ADRE injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADL mg Route: subcutaneous	JLT PRN			
Disch	arge Nursing Orders					
	ONC NURSING COM Interval: Comments:	IMUNICATION 76 Occurrences: Discontinue IV.				
Discharge Nursing Orders						
	☑ sodium chloride 0.9 % flush 20 mL					
	Dose: 20 mL	Route: intravenous	PRN			

☑ HEParin, porcine (PF) injection 500 Units

Dose: 500 Units	Route: intra-catheter	once PRN
Start: S		
Instructions:		
Concentration: 100	0 units/mL. Heparin flush for	r
Implanted Vascula	r Access Device	
maintenance.		