

## OP BORTEZOMIB (EVERY 21 DAYS)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* BORTEZOMIB, MM, VELCADE, BORE, MYELOMA, MULTIPLE

Cycles 1 to 4	Repeat 4 times	Cycle length: 21 days
Days 1,4	Perform every 3 days x2	
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
☑ COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
☑ CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
☑ MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
☑ LDH		
Interval: -- Occurrences: --		
☑ URIC ACID LEVEL		
Interval: -- Occurrences: --		
☑ PHOSPHORUS LEVEL		
Interval: -- Occurrences: --		
Outpatient	Electrolyte Replacement Protocol	
TREATMENT CONDITIONS 39		
Interval: -- Occurrences: --		
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP		
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO		
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO		
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement		
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"		
o Sign electrolyte replacement order as Per protocol: cosign required		
TREATMENT CONDITIONS 40		
Interval: -- Occurrences: --		
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP		
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV		

- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

#### Nursing Orders

##### **TREATMENT CONDITIONS 35**

Interval: -- Occurrences: --  
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 30,000.

#### Nursing Orders

##### **ONC NURSING COMMUNICATION 51**

Interval: -- Occurrences: --  
 Comments: HOLD Bortezomib and notify provider if Hgb is LESS than or equal to \*\*\* g/dL.

#### Vitals

##### **ONC NURSING COMMUNICATION 50**

Interval: -- Occurrences: --  
 Comments: 1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.  
  
 2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.

#### Pre-Medications

##### ☒ **ondansetron (ZOFRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose  
 Start: S End: S 11:15 AM

##### ☐ **ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose  
 Start: S

##### ☐ **ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

#### Chemotherapy

##### **bortezomib (VelCADE) 1.3 mg/m2 in sodium chloride 0.9 % chemo injection**

Dose: 1.3 mg/m2 Route: subcutaneous once for 1 dose  
 Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BOREZOMIB 3.5 MG SOLUTION FOR INJECTION	Medications	1.3 mg/m2	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	Yes

#### Hematology & Oncology Hypersensitivity Reaction Standing Order

##### ONC NURSING COMMUNICATION 82

Interval: --

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

##### ONC NURSING COMMUNICATION 4

Interval: --

Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

##### ONC NURSING COMMUNICATION 83

Interval: --

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse,

loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg                      Route: oral                      PRN  
Start: S

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg                      Route: intravenous                      PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

**epinephrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**

Dose: 0.3 mg                      Route: subcutaneous                      PRN  
Start: S

**Days 8,11**

Perform every 3 days x2

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

☒ **LDH**

Interval: --                      Occurrences: --

☒ **URIC ACID LEVEL**

Interval: --                      Occurrences: --

☒ **PHOSPHORUS LEVEL**

Interval: --

Occurrences: --

**Outpatient Electrolyte Replacement Protocol**

**TREATMENT CONDITIONS 39**

Interval: --

Occurrences: --

Comments:

Potassium (Normal range 3.5 to 5.0mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**

Interval: --

Occurrences: --

Comments:

Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

**Nursing Orders**

**TREATMENT CONDITIONS 35**

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 30,000.

**Nursing Orders**

**ONC NURSING COMMUNICATION 51**

Interval: --

Occurrences: --

Comments:

HOLD Bortezomib and notify provider if Hgb is LESS than or equal to \*\*\* g/dL.

**Vitals**

**ONC NURSING COMMUNICATION 50**

Interval: --

Occurrences: --

Comments:

- 1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.
- 2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.

## Pre-Medications

### ● ondansetron (ZOFran) injection 8 mg

Dose: 8 mg      Route: intravenous      once for 1 dose  
Start: S      End: S 11:15 AM

### ○ ondansetron (ZOFran) tablet 16 mg

Dose: 16 mg      Route: oral      once for 1 dose  
Start: S

### ○ ondansetron (ZOFran) 16 mg in dextrose 5% 50 mL IVPB

Dose: 16 mg      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S      End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

## Chemotherapy

### bortezomib (VelCADE) 1.3 mg/m<sup>2</sup> in sodium chloride 0.9 % chemo injection

Dose: 1.3 mg/m<sup>2</sup>      Route: subcutaneous      once for 1 dose  
Offset: 30 Minutes

#### Instructions:

DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION	Medications	1.3 mg/m <sup>2</sup>	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	Yes

## Hematology & Oncology Hypersensitivity Reaction Standing Order

### ONC NURSING COMMUNICATION 82

Interval: --

Comments:

Occurrences: --

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).

9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### ONC NURSING COMMUNICATION 4

Interval: --

Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### ONC NURSING COMMUNICATION 83

Interval: --

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
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#### diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

PRN

Start: S

#### fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

Start: S

#### famotidine (PEPCID) 20 mg/2 mL injection 20 mg

Dose: 20 mg

Route: intravenous

PRN

Start: S

**hydrocortisone sodium succinate  
(Solu-CORTEF) injection 100 mg**

Dose: 100 mg

Route: intravenous

PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg

Route: intravenous

PRN

Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT  
injection syringe 0.3 mg**

Dose: 0.3 mg

Route: subcutaneous

PRN

Start: S