## **OP BORTEZOMIB / LIPOSOMAL DOXORUBICIN**

*Types:* ONCOLOGY TREATMENT

*Synonyms:* BORTEZOMIB, MM, VELCADE, BORE, MYELOMA, MULTIPLE, DOX, DOCKS, LIP, DOXIL, DOXORUBICIN LIPOSOMA

Cycles 1 to 4	Repeat 4	times Cycle length: 21 days
Day 1	nepeal 4	Perform every 1 day x1
	intment Requests	
	INFUSION APPOINTM Interval:	IENT REQUEST Occurrences:
Labs		
Labs		ETABOLIC PANEL
	Interval:	Occurrences:
	Interval:	Occurrences:
	Interval:	Occurrences:
	✓ LDH	
	Interval:	Occurrences:
	☑ URIC ACID LEVEL	
	Interval:	Occurrences:
	Interval:	Occurrences:
Outpa	atient Electrolyte Replaceme	nt Protocol
	TREATMENT CONDIT	
	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
		o Sign electrolyte replacement order as Per protocol: cosign required
	TREATMENT CONDIT 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 1.2mEg/L. give 2 gram magnesium

		sulfate IV o Serum Magnes magnesium replaceme o If patient meets Electrolyte Replacemen	ium 1.6 mEq/L nt s criteria, order \$ nt"	or greater SmartSet o	e 1 gram magnesium , do not give called "Outpatient er protocol: cosign
Nursi	ng Orders				
	TREATMENT CONDIT Interval: Comments:	IONS 7 Occurrences: HOLD and notify provic 100,000.	ler if ANC LESS	S than 100	0; Platelets LESS than
Nursi	ng Orders				
	ONC NURSING COMM Interval: Comments:	Occurrences:	notify provider i	if Hgb is Ll	ESS than or equal to ***
Vitals					
	ONC NURSING COMM				
	Interval: Comments:	Occurrences: 1) Check vital signs (BF and 30 minutes after Be			respirations) prior to
		2) If systolic BP, 30 mir 30 mmHg, or if systolic			
Line I	Flush				
	<b>sodium chloride 0.9 %</b> Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN		
Nursi	ng Orders				
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	5 <b>infusion 250 mL</b> Route: intravenous	once @ 30 ml	L/hr for 1 c	lose
Pre-N	ledications				
	ondansetron (ZOFRA)	N) injection 8 mg			
	Dose: 8 mg Start: S	Route: intravenous End: S 11:15 AM	once for 1 dos	se	
	○ ondansetron (ZOFRA	N) tablet 16 mg			
	Dose: 16 mg Start: S	Route: oral	once for 1 dos	se	
	○ ondansetron (ZOFRA) 50 mL IVPB	N) 16 mg in dextrose 5%	6		
	Dose: 16 mg	Route: intravenous	once over 15	Minutes fo	r 1 dose
	Start: S Ingredients:	End: S 11:00 AM Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION		Dose	<b>Selected Adds Vol.</b> Main No Ingredient

	SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
nothoropy					
bortezomib (VelCADE chloride 0.9 % chemo Dose: 1.3 mg/m2 Instructions: DRUG IS AN IRRITA slowly to prevent burn	injection Route: subcutaneous NT. Administer drug ning upon administration.	Offset: 30 Min	nutes Dose	<b>Selected</b> Main Ingredien Always	<b>Adds Vol.</b> No t Yes
atology & Oncology Hyperser	nsitivity Reaction Standing	n Order			
ONC NURSING COMM Interval: Comments:	<ul> <li>AUNICATION 82</li> <li>Occurrences: Grade 1 - MILD Sympto only – itching, flushing, p</li> <li>1. Stop the infusion.</li> <li>2. Place the patient on c</li> <li>3. Obtain vital signs.</li> <li>4. Administer Normal Sa intravenous tubing.</li> <li>5. If greater than or equa Diphenhydramine, admi once.</li> <li>6. If less than 30 minute administer Fexofenadine intravenous once.</li> <li>7. Notify the treating phy</li> <li>8. If no improvement after (Moderate) or Grade 3 (</li> <li>9. Assess vital signs even otherwise ordered by comparison</li> </ul>	ms (cutaneous 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, nitoring. per hour u es since th hydramine st dose of l y and Fam , advance s until reso	or runny no using a new e last dose 25 mg intra Diphenhydr notidine 20 level of car	v bag and new of avenous ramine, mg e to Grade 2
ONC NURSING COMM	IUNICATION 4				
Interval: Comments:	Occurrences: Grade 2 – MODERATE gastrointestinal symptom vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on o 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation o 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti	ns – shortness ohoresis, throa continuous mo c 2 L per minut of greater than aline at 150 ml sone 100 mg	s of breath at or chest physician nitoring. te via nasa or equal t L per hour intravenou	, wheezing tightness, a immediatel Il cannula. to 92%. using a ne Is (if patien	, nausea, abdominal or y. Titrate to w bag and t has allergy
	chloride 0.9 % chemo Dose: 1.3 mg/m2 Instructions: DRUG IS AN IRRITA slowly to prevent bur 72 hours between do Ingredients: atology & Oncology Hyperse ONC NURSING COMM Interval: Comments:	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION notherapy bortezomib (VeICADE) 1.3 mg/m2 in sodium chloride 0.9 % chemo injection Dose: 1.3 mg/m2 Route: subcutaneous Instructions: DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended. Ingredients: Name BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION SODIUM CHLORIDE 0.9 % INJECTION SOLUTION atology & Oncology Hypersensitivity Reaction Standing ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Sympto only - itching, flushing, 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 equi Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenadim 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 ONC NURSING COMMUNICATION 4 Interval: Comments: Grade 2 – MODERATE gastrointestinal symptor vomiting, dizziness, diag back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on c 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 5. Administer Normal Sa new intravenous tubing.	DEXTROSE 5 % IN Base WATER (D5W) INTRAVENOUS SOLUTION notherapy bortezomib (VelCADE) 1.3 mg/m2 in sodium chloride 0.9 % chemo injection Dose: 1.3 mg/m2 Route: subcutaneous once for 1 do Offset: 30 Mi Instructions: DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended. Ingredients: Name BORTEZOMIB 3.5 Medications MG SOLUTION FOR INJECTION SODIUM FOR INJECTION SOLUTION SOLUTION atology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneou 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 minute Diphenhydramine, administer Diphenl 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 0NC NURSING COMMUNICATION 4 Interval: Comments: Grade 2 MODERATE Symptoms (ci gastrointestinal symptoms - shortness vomiting, dizziness, diaphoresis, throe back pain) 1. Stop the infusion. 2. Notify the CERT team and treating 3. Place the patient on continuous mo 4. Obtain vital signs. 5. Administer Normal Saline at 150 ml maintain O2 saturation of greater thar 6. Administer Normal Saline at 150 ml mew intravenous tubing. 7. Administer Hydrocortisone 100 mg	DEXTROSE 5 % IN Base 50 mL WATER (DSW) INTRAVENOUS SOLUTION notherapy bortezonib (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 BORTEZOMIB 3.5 Medications 1.3 MG SOLUTION Base OCHLORIDE 0.9 % INJECTION SODIUM Base CHLORIDE 0.9 % INJECTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION A COCURTENCES: Comments: Grade 1 - MILD Symptoms (cutaneous and subc only - itching, flushing, periorbital edema, rash, 1. Stop the influsion. 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 Diphenhydramine, administer Diphenhydramine once. 6. If less than 30 minutes since the last dose of administer Fexofenadine 180 mg orally and Fan intravenous tubing. 8. If no improvement after 15 minutes, advance (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes, advance (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes, advance (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes, advance (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes, advance (Moderate) or Grade 3 (Levere). 9. Assess vital signs every 15 minutes, advance (Moderate) or Grade 3 (Levere). 9. Assess vital signs every 15 minutes until reso otherwise ordered by covering physician. 8. If no improvement after 15 minutes, advance (Moderate) or Grade 3 (Levere). 9. Assess vital signs every 15 minutes until reso otherwise ordered by covering physician. 8. Place the patient on continuous monitoring. 4. Obtain vital signs. 5. Administer Oxygen at 2 L per minute via mass maintain O2 saturation of greater than or equal 6. Administer Normal Saline at 150 mL per hour new intravenous tubing. 7. Administer Mydrocortisone 100	DEXTROSE 5 % IN Base 50 mL Always WATER (D5W) INTRAVENOUS SOLUTION motherapy bortezomib (VeICADE) 1.3 mg/m2 in sodium chloride 0.9 % chemo injection Dese: 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 BORTEZOMIB 3.5 Medications 1.3 Main MG SOLUTION mg/m2 Ingredien FOR INJECTION SODIUM SODIUM SODIUM SODIUM Attorney 8. Oncology Hypersensitivity Reaction Standing Order ONC MURSING COMMUNICATION 82 Interval: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous sind) - 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 intro once. 6. It less than 30 minutes since the last dose of Diphenhydramine 20 intravenous tubing. 5. If greater than or equal to 30 minutes and Famotidine 20 intravenous tubing. 5. If greater than or equal to 30 minutes and Famotidine 20 intravenous tubing. 5. If or grade 3 (Severe). 9. Assees vital signs every 15 minutes until resolution of sy otherwise ordered by covering physician. 8. If no improvement after 15 minutes until resolution of sy otherwise ordered by covering physician. 8. If no improvement after 15 minutes until resolution of sy otherwise ordered by covering physician. 8. If no improvement after 15 minutes until resolution of sy otherwise ordered by covering physician. 8. If no improvement after 15 minutes until resolution of sy otherwise ordered by covering physician. 9. Assees vital signs. 9. Assees vital signs

		intravenous once. 8. If no improvement af (Severe).	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
			overnig prysician.
	ONC NURSING COM Interval: Comments:	Occurrences: Grade 3 – SEVERE Sy compromise – cyanosis with systolic blood pres loss of consciousness, 1. Stop the infusion. 2. Notify the CERT tear 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 intravenou 8. Administer Hydrocord	n and treating physician immediately. continuous monitoring. aan 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
		and Famotidine 20 mg 9. Administer Epinephri	intravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
	<b>mg</b> Dose: 25 mg Start: S	ENADRYL) injection 25 Route: intravenous	PRN
	fexofenadine (ALLEG Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN
	· · ·	20 mg/2 mL injection 20	
	<b>mg</b> Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN
	<b>dexamethasone (DEC</b> Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN injection syringe 0.3 Dose: 0.3 mg Start: S	NALIN) 1 mg/10 mL ADU mg Route: subcutaneous	LT PRN
Day 4			Perform every 1 day x1
	ntment Requests		,,
	INFUSION APPOINTN Interval:	<b>IENT REQUEST</b> Occurrences:	
Labs			
Laus			

Labs

		METABOLIC PANEL
	Interval:	Occurrences:
	CBC WITH PLATELI	ET AND DIFFERENTIAL
	Interval:	Occurrences:
	☑ MAGNESIUM LEVEL	-
	Interval:	Occurrences:
	🗹 LDH	
	Interval:	Occurrences:
	☑ URIC ACID LEVEL	
	Interval:	Occurrences:
	PHOSPHORUS LEV	EL
	Interval:	Occurrences:
Outp	atient Electrolyte Replacem TREATMENT COND	
	Interval:	Occurrences:
	Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact
		MD/NP
		<ul> <li>Protocol applies only to same day lab value.</li> <li>Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or</li> </ul>
		o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
		o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
		<ul> <li>Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> <li>Serum potassium 3.5 mEq/L or greater, do not give potassium</li> </ul>
		replacement
		o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
		o Sign electrolyte replacement order as Per protocol: cosign
		required
	TREATMENT COND	
	Interval: Comments:	Occurrences: Magnesium (Normal range 1.6 to 2.6mEq/L)
		o Protocol applies for SCr less than 1.5. Otherwise, contact
		MD/NP o Protocol applies only to same day lab value.
		o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium
		sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium
		sulfate IV
		o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
		o Serum Magnesium 1.6 mEq/L or greater, do not give
		magnesium replacement o If patient meets criteria, order SmartSet called "Outpatient
		Electrolyte Replacement"
		<ul> <li>Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>
Prov	ider Communication ONC PROVIDER CO	MMUNICATION
	UNC PROVIDER CO	

Interval:	Occurrences:	
Comments:	Verify Ejection Fraction prior to Cycle 1.	Ejection Fraction: ***% on ***
	(date).	

		entry. A baseline cardia recommended, especia cardiac toxicity. Repeat	recent MUGA or ECHO, order one via order ac evaluation with a MUGA scan or an ECHO is illy in patients with risk factors for increased ed MUGA or ECHO determinations of LVEF articularly with higher, cumulative anthracycline
Nursir	ng Orders TREATMENT CONDIT		
	Interval: Comments:	Occurrences:	ler if ANC LESS than 1000; Platelets LESS than
Nursir	ng Orders		
	ONC NURSING COM		
	Interval: Comments:	Occurrences: HOLD Bortezomib and g/dL.	notify provider if Hgb is LESS than or equal to ***
Vitals			
	ONC NURSING COM		
	Interval: Comments:		P, temperature, pulse, and respirations) prior to priezomib administration.
			utes after Bortezomib infusion, drops more than BP is less than 90, please contact MD.
Line F	lush		
	dextrose 5% flush syn Dose: 20 mL Start: S Instructions: Administer ONLY for	<b>ringe 20 mL</b> Route: intravenous Liposomal Doxorubicin.	PRN
	sodium chloride 0.9 % Dose: 20 mL Start: S Instructions: Do NOT administer v Doxorubicin.	Route: intravenous	PRN
Nursir	ng Orders		
	dextrose 5% infusion Dose: 250 mL Start: S Instructions: To keep vein open fo	<b>250 mL</b> Route: intravenous r Liposomal Doxorubicin.	once @ 30 mL/hr for 1 dose
	sodium chloride 0.9 %	6 infusion 250 mL	
	Dose: 250 mL Start: S Instructions: To keep vein open. Liposomal Doxorubic	Route: intravenous Do NOT administer with in.	once @ 30 mL/hr for 1 dose
Pre-M	edications		
	diphenhydrAMINE (B	ENADRYL) injection 25	
	Dose: 25 mg Start: S Instructions:	Route: intravenous	once for 1 dose
	Authinister via siow I	V push 30 minutes prior to	0

	chomothorapy					
	chemotherapy.	NADRYL) 50 mg in				
	└ sodium chloride 0.9 %	50 mL IVPB				
	Dose: 50 mg Start: S	Route: intravenous End: S 11:45 AM	once over 15	Minutes fo	or 1 dose	
	Instructions:					
	Administer 30 minutes Ingredients:	prior to chemotherapy.	Туре	Dose	Selected	Adds Vol.
	ingreatents.	DIPHENHYDRAMIN		50 mg	Main	No
		E 50 MG/ML INJECTION			Ingredient	
		SOLUTION				
		SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes
		INTRAVENOUS				
		SOLUTION DEXTROSE 5 % IN	Rase	50 mL	No	Yes
		WATER (D5W)	Dase	50 IIIL		163
		INTRAVENOUS SOLUTION				
	- dinbonbudrAMINE (BE					
	diphenhydrAMINE (BE Dose: 25 mg	Route: oral	once for 1 do	20		
	-		Offset: 0 Hou			
	Instructions: Administer 30 minutes	prior to chemotherapy.				
	☐ diphenhydrAMINE (BE					
	Dose: 50 mg	Route: oral	once for 1 do	se		
	-	i louioi oral	Offset: 0 Hou			
	Instructions: Administer 30 minutes	prior to chemotherapy.				
	famotidine (PEPCID) 20					
	mg	Route: intravenous	once for 1 do	20		
	5		Offset: 0 Hou			
	Instructions: Administer 30 minutes	prior to chemotherapy.				
	☐ famotidine (PEPCID) ta					
	_ 、 ,	Route: oral	once for 1 do	se		
			Offset: 0 Hou			
	Instructions: Administer 30 minutes	prior to chemotherapy.				
	☑ acetaminophen (TYLEI)					
	Dose: 650 mg	Route: oral	once for 1 do	se		
	, and the second s		Offset: 0 Hou	rs		
	Instructions: Administer 30 minutes	prior to chemotherapy.				
Pre-M	ledications					
	ondansetron (ZOFRAN)	) injection 8 mg				
	Dose: 8 mg Start: S	Route: intravenous End: S 11:15 AM	once for 1 do	se		
	○ ondansetron (ZOFRAN	) tablet 16 mg				
	Dose: 16 mg	Route: oral	once for 1 do	se		
	Start: S					

		N) 16 mg in dextrose 5%	)			
	50 mL IVPB	Doutou introverse	0000 0000 45	Minutes	r 1 dece	
	Dose: 16 mg Start: S	Route: intravenous End: S 11:00 AM	once over 15	winutes to	ridose	
	Ingredients:	Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	<b>Type</b> Medications	<b>Dose</b> 16 mg		<b>Adds Vol.</b> No
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
Chemo	therapy					
	bortezomib (VelCADE					
	chloride 0.9 % chemo Dose: 1.3 mg/m2	Route: subcutaneous	once for 1 dos	se		
	0		Offset: 30 Mir			
	Instructions: DRUG IS AN IRRITA slowly to prevent burr 72 hours between dos	ning upon administration.				
	Ingredients:	Name BORTEZOMIB 3.5 MG SOLUTION FOR INJECTION	<b>Type</b> Medications	<b>Dose</b> 1.3 mg/m2		<b>Adds Vol.</b> No
		SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	Yes
Chama	thoropy	COLOTION				
Chemo	therapy DOXOrubicin liposom					
Chemo		al (DOXIL) 30 mg/m2 in	once over 1 H Offset: 30 Mir		dose	
Chemo	DOXOrubicin liposom dextrose 5% 250 mL c Dose: 30 mg/m2 Instructions: DRUG IS AN IRRITA infused at 1 mg/min, k to prevent infusion rel vital signs 15 minutes hour into infusion, the initial infusion. Stay minutes of the initial in tolerated initial infusion	al (DOXIL) 30 mg/m2 in hemo IVPB Route: intravenous NT. Initial infusion but no faster than 1 hour ated reactions. Monitor , 30 minutes, and one in hourly for remainder of with patient for the first 15 nfusion. If patient on, subsequent infusions	Offset: 30 Mir		dose	
Chemo	DOXOrubicin liposom dextrose 5% 250 mL c Dose: 30 mg/m2 Instructions: DRUG IS AN IRRITA infused at 1 mg/min, k to prevent infusion rel vital signs 15 minutes hour into infusion, the initial infusion. Stay minutes of the initial in	al (DOXIL) 30 mg/m2 in hemo IVPB Route: intravenous NT. Initial infusion but no faster than 1 hour ated reactions. Monitor , 30 minutes, and one in hourly for remainder of with patient for the first 15 nfusion. If patient on, subsequent infusions	Offset: 30 Mir	Dose	Selected	<b>Adds Vol.</b> Yes
Chemo	DOXOrubicin liposom dextrose 5% 250 mL c Dose: 30 mg/m2 Instructions: DRUG IS AN IRRITA infused at 1 mg/min, b to prevent infusion rel vital signs 15 minutes hour into infusion, the initial infusion. Stay minutes of the initial in tolerated initial infusio to be given over 1 hou	al (DOXIL) 30 mg/m2 in hemo IVPB Route: intravenous NT. Initial infusion but no faster than 1 hour lated reactions. Monitor ated reactions. Monitor ated reactions ated reactions. Monitor ated reacti	Offset: 30 Mir 5 <b>Type</b> Medications	Dose 30 mg/m2	<b>Selected</b> Main Ingredient	Yes
	DOXOrubicin liposom dextrose 5% 250 mL c Dose: 30 mg/m2 Instructions: DRUG IS AN IRRITA infused at 1 mg/min, b to prevent infusion rel vital signs 15 minutes hour into infusion, the initial infusion. Stay minutes of the initial in tolerated initial infusio to be given over 1 hou Ingredients:	al (DOXIL) 30 mg/m2 in hemo IVPB Route: intravenous NT. Initial infusion but no faster than 1 hour lated reactions. Monitor ated reactions. Monitor ated reactions but no faster than 1 hour ated reactions but no faster than 1 hour ated reaction Standing	Offset: 30 Mir <b>Type</b> Medications QS Base	Dose 30 mg/m2	<b>Selected</b> Main Ingredient	Yes
	DOXOrubicin liposom dextrose 5% 250 mL c Dose: 30 mg/m2 Instructions: DRUG IS AN IRRITA infused at 1 mg/min, b to prevent infusion rel vital signs 15 minutes hour into infusion, the initial infusion. Stay minutes of the initial in tolerated initial infusio to be given over 1 hou Ingredients:	al (DOXIL) 30 mg/m2 in hemo IVPB Route: intravenous NT. Initial infusion but no faster than 1 hour lated reactions. Monitor ated reactions. Monitor ated reactions but no faster than 1 hour ated reactions but no faster than 1 hour ated reaction Standing	Offset: 30 Mir <b>Type</b> Medications QS Base	Dose 30 mg/m2 250 mL	Selected Main Ingredient Yes	Yes

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: Comments:	<ul> <li>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)</li> <li>Stop the infusion.</li> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> <li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.</li> <li>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.</li> <li>If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).</li> <li>Assess vital signs every 15 minutes until resolution of symptoms or</li> </ul>
	otherwise ordered by covering physician.
ONC NURSING COMM	IUNICATION 83
Interval: Comments:	<ul> <li>Occurrences:</li> <li>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)</li> <li>1. Stop the infusion.</li> <li>2. Notify the CERT team and treating physician immediately.</li> <li>3. Place the patient on continuous monitoring.</li> <li>4. Obtain vital signs.</li> <li>5. 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.</li> <li>6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.</li> </ul>

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 e otherwise ordered by co		solution of symptoms or
	diphenhydrAMINE (Bl	ENADRYL) injection 25		
	<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	PRN	
	<b>fexofenadine (ALLEG</b> Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN	
		20 mg/2 mL injection 20		
	<b>mg</b> Dose: 20 mg Start: S	Route: intravenous	PRN	
	hydrocortisone sodiu (Solu-CORTEF) inject	ion 100 mg		
	Dose: 100 mg	Route: intravenous	PRN	
	<b>dexamethasone (DEC</b> Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
		ALIN) 1 mg/10 mL ADU ng	LT	
	Dose: 0.3 mg Start: S	Route: subcutaneous	PRN	
Disch	arge Nursing Orders ONC NURSING COMM			
	Interval:	Occurrences:		
	Comments:	Discontinue IV.		
Disch	arge Nursing Orders			
	🗹 sodium chloride 0.9 %	6 flush 20 mL		
	Dose: 20 mL	Route: intravenous	PRN	
	Image: HEParin, porcine (PF)	injection 500 Units		
	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.	Route: intra-catheter nits/mL. Heparin flush for Access Device	once PRN	
ays 8,11				Perform every 3 days x2
	ntment Requests			
Labs	Interval:	Occurrences:		
Labs		ETABOLIC PANEL		
	Interval:	Occurrences:		
	Interval:	Occurrences:		
		Occurrences		
	MAGNESIUM LEVEL Interval:	Occurrences:		

	Interval:	Occurrences:
		Occurrences
	Interval:	Occurrences:
	☑ PHOSPHORUS LEV	
	Interval:	Occurrences:
Outpa	tient Electrolyte Replacen TREATMENT COND	
	Interval: Comments:	Occurrences: Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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 COND Interval: Comments:	ITIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required
Nursir	g Orders	
	TREATMENT COND Interval: Comments:	ITIONS 7 Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.
Nursir	g Orders ONC NURSING COM Interval: Comments:	IMUNICATION 51 Occurrences: HOLD Bortezomib and notify provider if Hgb is LESS than or equal to * g/dL.
Vitals		

		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.						
Line Flus							
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN				
Nursing (							
	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				
Chemoth							
	bortezomib (VelCADE) chloride 0.9 % chemo						
	Dose: 1.3 mg/m2	Route: subcutaneous	once for 1 dose Offset: 30 Minutes				
	Instructions: DRUG IS AN IRRITAI slowly to prevent burn 72 hours between dos Ingredients:	ing upon administration.	<b>Type</b> Medications Base	<b>Dose</b> 1.3 mg/m2	<b>Selected Adds Vol.</b> Main No Ingredient Always Yes		
Hematolo	Hematology & Oncology Hypersensitivity Reaction Standing Order						
	ONC NURSING COMM Interval: Comments:	<ul> <li>IMUNICATION 82</li> <li>Occurrences: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)</li> <li>1. Stop the infusion.</li> <li>2. Place the patient on continuous monitoring.</li> <li>3. Obtain vital signs.</li> <li>4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.</li> <li>5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.</li> <li>6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.</li> <li>7. Notify the treating physician.</li> <li>8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).</li> <li>9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ul>					
	<b>ONC NURSING COMM</b> 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)					

	<ol> <li>Stop the infusion.</li> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> <li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.</li> <li>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.</li> <li>If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).</li> <li>Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ol>						
ONC NURSING COMMUNICATION 83							
Interval: Comments:	Interval: Occurrences:						
diphenhydrAMINE (BENADRYL) injection 25							
mg							
Dose: 25 mg Start: S	Route: intravenous	PRN					
fexofenadine (ALLEC Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN					
. ,	famotidine (PEPCID) 20 mg/2 mL injection 20						
<b>mg</b> Dose: 20 mg Start: S	Route: intravenous	PRN					
hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg		PRN					
<b>dexamethasone (DE</b> Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN					
epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection svringe 0.3 mg							