

OP BORTEZOMIB MAINTENANCE (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

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

Cycles 1 to 4	Repeat 4 times	Cycle length: 56 days
Days 1,15,29,43	Perform every 14 days x4	
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
<input type="checkbox"/> LDH		
Interval: -- Occurrences: --		
<input type="checkbox"/> URIC ACID LEVEL		
Interval: -- Occurrences: --		
Outpatient Electrolyte Replacement Protocol		
TREATMENT CONDITIONS 39		
Interval: -- Occurrences: --		
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP		
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO		
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO		
o Serum potassium 3.5 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 areater. 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) tablet 8 mg

Dose: 8 mg Route: oral once for 1 dose
Start: S
Instructions: Administer 30 minutes before chemotherapy.

ondansetron (ZOFRAN) injection 8 mg

Dose: 8 mg Route: intravenous once for 1 dose
Start: S
Instructions: Administer 30 minutes before chemotherapy.

dexamethasone (DECADRON) tablet 10 mg

Dose: 10 mg Route: oral once for 1 dose
Start: S
Instructions: Administer 30 minutes before chemotherapy.

dexamethasone (DECADRON) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose
Start: S
Instructions: Administer 30 minutes before chemotherapy.

dexamethasone (DECADRON) tablet 40 mg

Dose: 40 mg Route: oral once for 1 dose
Start: S
Instructions: Administer 30 minutes before chemotherapy.

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.
	BORTEZOMIB 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