

OP BRENTUXIMAB VEDOTIN

Types: ONCOLOGY TREATMENT

Synonyms: BRENTUXIMAB, LYMPHOMA, LIMP, ADCETRIS, HODGKINS

Cycles 1 to 4		Repeat 4 times	Cycle length: 21 days
	Day 1	Perform every 1 day x1	
	Appointment Requests		
	INFUSION APPOINTMENT REQUEST		
	Interval: --	Occurrences: --	
	Labs		
	☒ CBC WITH PLATELET AND DIFFERENTIAL		
	Interval: --	Occurrences: --	
	☒ COMPREHENSIVE METABOLIC PANEL		
	Interval: --	Occurrences: --	
	☐ BASIC METABOLIC PANEL		
	Interval: --	Occurrences: --	
	☒ MAGNESIUM LEVEL		
	Interval: --	Occurrences: --	
	☐ LDH		
	Interval: --	Occurrences: --	
	☐ URIC ACID LEVEL		
	Interval: --	Occurrences: --	
	☐ ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED		
	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 7

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

Line Flush

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.

Pre-Medications

☒ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Instructions:
 Administer 30 minutes prior to chemotherapy.

☒ diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S
 Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

☐ diphenhydramine (BENADRYL) tablet 25 mg

Dose: 25 mg Route: oral once for 1 dose

Instructions:
 Administer 30 minutes prior to chemotherapy.

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

Dose: 100 mg Route: intravenous once for 1 dose

Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

Chemotherapy

brentuximab vedotin (ADCETRIS) 1.8 mg/kg in sodium chloride 0.9 % 100 mL IVPB

Dose: 1.8 mg/kg Route: intravenous once over 30 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Max dose = 180 mg.

Ingredients:

Name

BRENTUXIMAB
VEDOTIN 50 MG
INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Type

Medications

Dose

1.8 mg/kg

Selected

Main
Ingredient

Adds Vol.

No

Yes

Yes

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.

Post-Medications

☐ **pegfilgrastim (NEULASTA) on-body injection
kit 6 mg**

Dose: 6 mg

Route: subcutaneous

once for 1 dose

Start: S

End: S

Instructions:

Apply to intact, nonirritated skin on the back of
the arm or abdomen (only use the back of the
arm if caregiver is available to monitor
On-body injection status).