

## OP CAGT NIVOLUMAB – PREVALE

Types: ONCOLOGY TREATMENT

Synonyms: NEEV, OPDI, NIVO, NON, NSCL, LUNG, NIVOLUMAB , OPDIVO

<b>Dose 1</b>	Repeat 1 time	Cycle length: 14 days			
<b>Day 1</b>	Perform every 1 day x1				
<b>Nursing Orders</b>					
<b>TREATMENT CONDITIONS 11</b>					
Interval: --	Occurrences: --				
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up to 6x Upper Normal Limit or > 1.5x from baseline.				
<b>Line Flush</b>					
<b>sodium chloride 0.9 % flush 20 mL</b>					
Dose: 20 mL	Route: intravenous	PRN			
Start: S					
<b>Nursing Orders</b>					
<b>sodium chloride 0.9 % infusion 250 mL</b>					
Dose: 250 mL	Route: intravenous	once @ 30 mL/hr for 1 dose			
Start: S					
Instructions:	To keep vein open.				
<b>Chemotherapy</b>					
<b>nivolumab (OPDIVO) 3 mg/kg in sodium chloride 0.9% 100 mL IVPB</b>					
Dose: 3 mg/kg	Route: intravenous	once over 30 Minutes for 1 dose			
Offset: 30 Minutes					
Instructions:					
Administer with low protein binding 0.22 micron in-line filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. Maximum dose = 240mg.					
<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	NIVOLUMAB 40 MG/4 ML INTRAVENOUS SOLUTION	Medications	3 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
<b>Hematology &amp; Oncology Hypersensitivity Reaction Standing Order</b>					
<b>ONC NURSING COMMUNICATION 82</b>					
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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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

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.

**Dose 2**

Repeat 1 time

Cycle length: 14 days

**Day 1**

Perform every 1 day x1

Nursing Orders

**TREATMENT CONDITIONS 11**

Interval: --                      Occurrences: --  
Comments:                      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up to 6x Upper Normal Limit or > 1.5x from baseline.

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.

Chemotherapy

**nivolumab (OPDIVO) 3 mg/kg in sodium chloride 0.9% 100 mL IVPB**

Dose: 3 mg/kg                      Route: intravenous                      once over 30 Minutes for 1 dose

Offset: 30 Minutes

**Instructions:**

Administer with low protein binding 0.22 micron in-line filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. Maximum dose = 240mg.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
NIVOLUMAB 40 MG/4 ML INTRAVENOUS SOLUTION	Medications	3 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	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: --  
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 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

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.

**Dose 3**

Repeat 1 time

Cycle length: 14 days

**Day 1**

Perform every 1 day x1

**Nursing Orders**

**TREATMENT CONDITIONS 11**

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up to 6x Upper Normal Limit or > 1.5x from baseline.

**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.

**Chemotherapy**

**nivolumab (OPDIVO) 3 mg/kg in sodium chloride 0.9% 100 mL IVPB**

Dose: 3 mg/kg

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron in-line filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. Maximum dose = 240mg.

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

NIVOLUMAB 40 MG/4 ML

Medications

3 mg/kg

Main

Yes

INTRAVENOUS SOLUTION

QS Base

100 mL

Yes

Yes

SODIUM CHLORIDE 0.9 %

INTRAVENOUS SOLUTION

**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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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

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.

**Dose 4**

Repeat 1 time

Cycle length: 14 days

**Day 1**

Perform every 1 day x1

Nursing Orders

**TREATMENT CONDITIONS 11**

Interval: --                      Occurrences: --  
Comments:                      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up to 6x Upper Normal Limit or > 1.5x from baseline.

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.

Chemotherapy

**nivolumab (OPDIVO) 3 mg/kg in sodium chloride 0.9% 100 mL IVPB**

Dose: 3 mg/kg                      Route: intravenous                      once over 30 Minutes for 1 dose  
Offset: 30 Minutes



**Instructions:**

Administer with low protein binding 0.22 micron in-line filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. Maximum dose = 240mg.

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	NIVOLUMAB 40 MG/4 ML INTRAVENOUS SOLUTION	Medications	3 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	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

Discharge Nursing Orders

**ONC NURSING COMMUNICATION 76**

Interval: --                      Occurrences: --  
Comments:                      Discontinue IV.

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

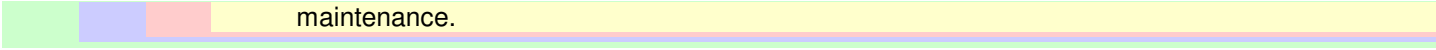
Dose: 20 mL                      Route: intravenous                      PRN

**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.