

OP CARBOPLATIN (AUC = 6) / PACLITAXEL / BEVACIZUMAB / ATEZOLIZUMAB

Types: ONCOLOGY TREATMENT

Synonyms: CARB, PARA, CARBOPLATIN, PARAPLATIN, PACLITAXEL, TAXOL, PACLITAXEL, TAX, AVAST, BEVA, FROMM, ATEZOLIZUMAB, TECENTRIQ, NSCLC, LUNG

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		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: -- Occurrences: --		
<input type="checkbox"/> CANCER ANTIGEN 125		
Interval: -- Occurrences: --		
Labs		
THYROID STIMULATING HORMONE		
Interval: -- Occurrences: --		
T3, FREE		
Interval: -- Occurrences: --		
T4, FREE		
Interval: -- Occurrences: --		
Outpatient Electrolyte Replacement Protocol		
TREATMENT CONDITIONS 39		
Interval: -- Occurrences: --		
Comments:		
<ul style="list-style-type: none"> o 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 2.6 mg/dL)		

- 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mg/dL 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

Interval: -- Occurrences: --
 Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.

Nursing Orders

TREATMENT CONDITIONS 5

Interval: -- Occurrences: --
 Comments: Notify provider if protein 2+ is detected in UA

Nursing Orders

TREATMENT CONDITIONS 13

Interval: -- Occurrences: --
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; SCr GREATER than 1.5, Total Bilirubin GREATER than 1.5

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

- ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM	Base	50 mL	Yes	Yes

CHLORIDE 0.9 %
 INTRAVENOUS
 SOLUTION
 DEXTROSE 5 % IN Base 50 mL No Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
 Start: S End: S 11:30 AM

dexAMETHasone (DECADRON) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose
 Start: S

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
 Start: S End: S 3:00 PM

fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB

Dose: 150 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FOSAPREPITANT 150 MG	Medications	150 mg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	145 mL	Yes	Yes
	INTRAVENOUS SOLUTION				

Pre-Medications

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) 50 mg in sodium chloride 0.9% 50 mL IVPB

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:45 AM
 Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DIPHENHYDRAMIN E 50 MG/ML	Medications	50 mg	Main Ingredient	No
	INJECTION SOLUTION				
	SODIUM CHLORIDE 0.9 %	Base	50 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	Base	50 mL	No	Yes
	INTRAVENOUS SOLUTION				

diphenhydrAMINE (BENADRYL) tablet 25 mg

Dose: 25 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

diphenhydrAMINE (BENADRYL) tablet 50 mg

Dose: 50 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

famotidine (PEPCID) injection 20 mg

Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

famotidine (PEPCID) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

Antiemetics

promethazine (PHENERGAN) injection 12.5 mg

Dose: 12.5 mg Route: intravenous every 4 hours PRN
Start: S

LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg Route: intravenous every 4 hours PRN
Start: S

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

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

Chemotherapy

atezolizumab (TECENTRIQ) 1,200 mg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 1,200 mg Route: intravenous once over 60 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Infuse the initial dose over 60 minutes, if tolerated, may infuse subsequent doses over 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ATEZOLIZUMAB 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION	Medications	1,200 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS	QS Base	230 mL	Yes	Yes

SOLUTION

Chemotherapy

bevacizumab (AVASTIN) 15 mg/kg in sodium chloride 0.9% 100 mL IVPB

Dose: 15 mg/kg Route: intravenous once over 30 Minutes for 1 dose
Offset: 90 Minutes

Instructions:
Incompatible with dextrose solutions; flush line with normal saline. REFRIGERATE. Do NOT tube.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BEVACIZUMAB 25 MG/ML	Medications	15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

Chemotherapy

PAClitaxel (TAXOL) 200 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB

Dose: 200 mg/m2 Route: intravenous once over 3 Hours for 1 dose
Offset: 120 Minutes

Instructions:
Administer through a 0.22 micron filter and non-PVC tubing set.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PACLITAXEL 6 MG/ML	Medications	200 mg/m2	Main Ingredient	Yes
	CONCENTRATE, INTRAVENOUS SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	QS Base		No	Yes

Chemotherapy

CARBOplatin (PARAplatin) in sodium chloride 0.9% 250 mL chemo IVPB

AUC: 6 Use AUC Route: intravenous once over 60 Minutes for 1 dose
Offset: 5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARBOPLATIN 10 MG/ML	Medications		Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

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: --
Comments:

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)

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.

Cycles 5 to 10

Repeat 6 times

Cycle length: 21 days

Day 1

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

Labs

URINALYSIS, AUTOMATED WITH MICROSCOPY

Interval: -- Occurrences: --

Labs

THYROID STIMULATING HORMONE

Interval: -- Occurrences: --

T3, FREE

Interval: -- Occurrences: --

T4, FREE

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 2.6 mg/dL)
- 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP
 - o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
 - o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
 - o Serum Magnesium 1.6 mg/dL 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

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.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: -- Occurrences: --
 Comments: Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.

TREATMENT CONDITIONS 5

Interval: -- Occurrences: --
 Comments: Notify provider if protein 2+ is detected in UA

Chemotherapy

atezolizumab (TECENTRIQ) 1,200 mg in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 1,200 mg Route: intravenous once over 60 Minutes for 1 dose
 Offset: 30 Minutes

Instructions:
 Infuse the initial dose over 60 minutes, if tolerated, may infuse subsequent doses over 30 minutes.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ATEZOLIZUMAB 1,200 MG/20 ML (60 MG/ML)	Medications	1,200 mg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	230 mL	Yes	Yes

Chemotherapy

bevacizumab (AVASTIN) 15 mg/kg in sodium chloride 0.9% 100 mL IVPB

Dose: 15 mg/kg Route: intravenous once over 30 Minutes for 1 dose
 Offset: 90 Minutes

Instructions:
 Incompatible with dextrose solutions; flush line with normal saline. REFRIGERATE. Do NOT tube.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BEVACIZUMAB 25 MG/ML	Medications	15 mg/kg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION 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.