

OP CARBOPLATIN / NAB-PACLITAXEL / PEMBROLIZUMAB

Types: ONCOLOGY TREATMENT, ONCOLOGY SUPPORTIVE CARE

Synonyms: ABRAXANE , NAB-PACLITAXEL, NAP, ABE, BRAX, CARBO, NON, LUNG, NSCL, PEMBROLIZUMAB, KEYTRUDA

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		
	THYROID STIMULATING HORMONE		
	Interval: -- Occurrences: --		
	T3, FREE		
	Interval: -- Occurrences: --		
	T4, FREE		
	Interval: -- Occurrences: --		
	Labs		
	☒ COMPREHENSIVE METABOLIC PANEL		
	Interval: -- Occurrences: --		
	☒ CBC WITH PLATELET AND DIFFERENTIAL		
	Interval: -- Occurrences: --		
	☒ MAGNESIUM LEVEL		
	Interval: -- Occurrences: --		
	☐ URINALYSIS, AUTOMATED WITH MICROSCOPY		
	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.

Antiemetics

ondansetron (ZOFTRAN) 16 mg, dexamethasone

- ☒ (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

- ☒ aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

APREPITANT 7.2
MG/ML
INTRAVENOUS
EMULSION

Medications

130 mg

Main

Yes

DEXTROSE 5 % IN

Base

130 mL

Yes

Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes
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Chemotherapy

pembrolizumab (KEYTRUDA) 200 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: 200 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S End: S 2:58 AM

Instructions:

Administer with low protein binding 0.22 micron in-line filter. Do not shake. Do not mix with other medications.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEMBROLIZUMAB 25 MG/ML INTRAVENOUS SOLUTION	Medications	200 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	92 mL	Yes	Yes

Chemotherapy

PACLitaxel-protein bound (ABRAXANE) chemo injection 100 mg/m2 (Treatment Plan)

Dose: 100 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 30 Minutes

Chemotherapy

CARBOplatin (PARAplatin) in dextrose 5% 250 mL chemo IVPB

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

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

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

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: --

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.

Day 8

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: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**

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

☒ ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION
DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

16 mg

Yes

No

Medications

12 mg

No

No

	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
☐	ondansetron (ZOFTRAN) tablet 16 mg				
	Dose: 16 mg	Route: oral	once for 1 dose		
	Start: S				
☐	dexamethasone (DECADRON) tablet 12 mg				
	Dose: 12 mg	Route: oral	once for 1 dose		
	Start: S				
☐	aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB				
	Dose: 130 mg	Route: intravenous	once over 30 Minutes for 1 dose		
	Start: S	End: S			
	Ingredients:	Name	Type	Dose	Selected Adds Vol.
		APREPITANT 7.2 MG/ML	Medications	130 mg	Main Ingredient Yes
		INTRAVENOUS EMULSION			
		DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes Yes
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No Yes

Chemotherapy

PAClitaxel-protein bound (ABRAXANE) chemo injection 100 mg/m2 (Treatment Plan)		
Dose: 100 mg/m2	Route: intravenous	once over 30 Minutes for 1 dose
Offset: 30 Minutes		

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.		

Day 15	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: --

☐ URINALYSIS, AUTOMATED WITH MICROSCOPY

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

☒ ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Base

No

Yes

☐ ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

☐ dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

☐ aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

APREPITANT 7.2
MG/ML
INTRAVENOUS
EMULSION

Medications

130 mg

Main

Yes

Ingredient

DEXTROSE 5 % IN
WATER (D5W) IV
SOLP (EXCEL;
NON-PVC)

Base

130 mL

Yes

Yes

SODIUM
CHLORIDE 0.9 % IV
SOLP
(EXCEL;NON-PVC)

Base

130 mL

No

Yes

Chemotherapy

PAClitaxel-protein bound (ABRAXANE) chemo injection 100 mg/m2 (Treatment Plan)

Dose: 100 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 30 Minutes

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.