

OP CARFILZOMIB (INITIAL AND MAINTENANCE)

Types: ONCOLOGY TREATMENT

Synonyms: CARFILZOMIB, MM, CARFLIZOMIB, KYPROLIS, MYELOMA, MULTIPLE

Take-Home Medications	Repeat 1 time	Cycle length: 1 day
Day 1 Perform every 1 day x1		
Provider Communication		
ONC PROVIDER COMMUNICATION 3		
Interval: --	Occurrences: --	
Comments:	All patients should receive prophylaxis.	
Take-Home Medications Prior to Treatment		
acyclovir (ZOVIRAX) 800 MG tablet		
Dose: --	Route: oral	
Dispense: --	Refills: --	
Start: S		
Comments:	For infection prevention.	
Instructions:	For infection prevention.	

Initial cycle	Repeat 1 time	Cycle length: 28 days
Days 1,2 Perform every 1 day x2		
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"/>	LDH	
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/>	URIC ACID LEVEL	
Interval: --	Occurrences: --	
<input checked="" type="checkbox"/>	PHOSPHORUS 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 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 % bolus 250 mL
 Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
 Start: S
 Instructions: Pre-hydration.

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.

Provider Communication

ONC PROVIDER COMMUNICATION 4

Interval: -- Occurrences: --
 Comments: Dexamethasone 4 mg is required prior to Carfilzomib. Dose may be increased at the discretion of the physician.

Pre-Medications

dexamethasone (DECADRON) tablet 4 mg
 Dose: 4 mg Route: oral once for 1 dose
 Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: -- Occurrences: --
 Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 20%.

Chemotherapy

carfilzomib (KYPROLIS) 20 mg/m2 in dextrose 5% 50 mL chemo IVPB

Dose: 20 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
 Offset: 1 Hours

Instructions:

Flush line with 20 mL 0.9% sodium chloride before and after each infusion. Encourage oral fluid intake greater than 1500 mL per day. Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	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.

Days 8,9

Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

 COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

 CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

 MAGNESIUM LEVEL

Interval: -- Occurrences: --

 LDH

Interval: -- Occurrences: --

 URIC ACID LEVEL

Interval: -- Occurrences: --

PHOSPHORUS 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 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 % bolus 250 mL

Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
Start: S
Instructions:
Pre-hydration.

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.

Provider Communication

ONC PROVIDER COMMUNICATION 4

Interval: -- Occurrences: --
Comments: Dexamethasone 4 mg is required prior to Carfilzomib. Dose may be increased at the discretion of the physician.

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Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: -- Occurrences: --
Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 20%.

Chemotherapy

**carfilzomib (KYPROLIS) 20 mg/m2 in dextrose
5% 50 mL chemo IVPB**

Dose: 20 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 1 Hours

Instructions:
 Flush line with 20 mL 0.9% sodium chloride before and after each infusion. Encourage oral fluid intake greater than 1500 mL per day. Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	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.

Days 15,16

Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

PHOSPHORUS LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

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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 % bolus 250 mL
Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
Start: S
Instructions:
Pre-hydration.

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.

Provider Communication

ONC PROVIDER COMMUNICATION 4
Interval: -- Occurrences: --
Comments: Dexamethasone 4 mg is required prior to Carfilzomib. Dose may be increased at the discretion of the physician.

Pre-Medications

dexamethasone (DECADRON) tablet 4 mg
Dose: 4 mg Route: oral once for 1 dose
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 5
Interval: -- Occurrences: --
Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 20%.

Chemotherapy

carfilzomib (KYPROLIS) 20 mg/m2 in dextrose 5% 50 mL chemo IVPB
Dose: 20 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 1 Hours

Instructions:
Flush line with 20 mL 0.9% sodium chloride before and after each infusion. Encourage oral fluid intake greater than 1500 mL per day. Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	20 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	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.

Maintenance Cycles

Repeat 3 times

Cycle length: 28 days

Days 1,2

Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

PHOSPHORUS LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments:

Occurrences: --

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 % bolus 250 mL
 Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
 Start: S
 Instructions: Pre-hydration.

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.

Provider Communication

ONC PROVIDER COMMUNICATION 4
 Interval: -- Occurrences: --
 Comments: Dexamethasone 4 mg is required prior to Carfilzomib. Dose may be increased at the discretion of the physician.

Pre-Medications

dexamethasone (DECADRON) tablet 4 mg
 Dose: 4 mg Route: oral once for 1 dose
 Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 5
 Interval: -- Occurrences: --
 Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 20%.

Chemotherapy

carfilzomib (KYPROLIS) 27 mg/m2 in dextrose 5% 50 mL chemo IVPB
 Dose: 27 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
 Offset: 1 Hours
 Instructions:

Flush line with 20 cc 0.9% sodium chloride before and after each injection. Vitals (BP, pulse, respirations, temp) must be taken shortly before each infusion and every 15 minutes during infusion. Patients to be observed for 1 hour post infusion during all of cycle 1 and day 1 of cycle 2. Encourage oral fluid intake greater than 1500 mL per day.

Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	27 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	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.

Days 8,9

Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

PHOSPHORUS LEVEL

Interval: -- Occurrences: --

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 % bolus 250 mL

Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
 Start: S
 Instructions:
 Pre-hydration.

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.

Provider Communication

ONC PROVIDER COMMUNICATION 4

Interval: -- Occurrences: --
 Comments: Dexamethasone 4 mg is required prior to Carfilzomib. Dose may be increased at the discretion of the physician.

Pre-Medications

dexamethasone (DECADRON) tablet 4 mg

Dose: 4 mg Route: oral once for 1 dose
 Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: -- Occurrences: --
 Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 20%.

Chemotherapy

carfilzomib (KYPROLIS) 27 mg/m2 in dextrose 5% 50 mL chemo IVPB

Dose: 27 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
 Offset: 1 Hours

Instructions:

Flush line with 20 cc 0.9% sodium chloride before and after each injection. Vitals (BP, pulse, respirations, temp) must be taken shortly before each infusion and every 15 minutes during infusion. Patients to be observed for 1 hour post infusion during all of cycle 1 and day 1 of cycle 2. Encourage oral fluid intake greater than 1500 mL per day.

Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	27 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	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.

Days 15,16

Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

 COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

 CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

 MAGNESIUM LEVEL

Interval: -- Occurrences: --

 LDH

Interval: -- Occurrences: --

 URIC ACID LEVEL

Interval: -- Occurrences: --

 PHOSPHORUS LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

- Comments: Potassium (Normal range 3.5 to 5.0mEq/L)
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 - 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"
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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 % bolus 250 mL
 Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
 Start: S
 Instructions:
 Pre-hydration.

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.

Provider Communication

ONC PROVIDER COMMUNICATION 4
 Interval: -- Occurrences: --
 Comments: Dexamethasone 4 mg is required prior to Carfilzomib. Dose may be increased at the discretion of the physician.

Pre-Medications

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 Dose: 4 mg Route: oral once for 1 dose
 Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 5
 Interval: -- Occurrences: --
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Maximum BSA = 2.2 m2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
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	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	50 mL	Yes	Yes

SOLUTION

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.