### OP CARFILZOMIB (INITIAL AND MAINTENANCE)

**Types:** ONCOLOGY TREATMENT  
**Synonyms:** CARFILZOMIB, MM, CARFLIZOMIB, KYPROLIS, MYELOMA, MULTIPLE

#### Take-Home Medications

<table>
<thead>
<tr>
<th>Day</th>
<th>Repeat</th>
<th>Cycle length</th>
<th>Perform every 1 day x1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>1 time</td>
<td>1 day</td>
<td>x1</td>
</tr>
</tbody>
</table>

#### Provider Communication

**ONC PROVIDER COMMUNICATION 3**  
**Interval:** --  
**Occurrences:** --  
**Comments:** All patients should receive prophylaxis.

#### Take-Home Medications Prior to Treatment

<table>
<thead>
<tr>
<th>acyclovir (ZOVIRAX) 800 MG tablet</th>
<th>Dose: --</th>
<th>Route: oral</th>
<th>Dispense: --</th>
<th>Refills: --</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: S</td>
<td></td>
<td></td>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For infection prevention.</td>
<td></td>
<td>Instructions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For infection prevention.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Initial cycle

<table>
<thead>
<tr>
<th>Days 1,2</th>
<th>Repeat</th>
<th>Cycle length</th>
<th>Perform every 1 day x2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 time</td>
<td>28 days</td>
<td>x2</td>
</tr>
</tbody>
</table>

#### Appointment Requests

<table>
<thead>
<tr>
<th>INFUSION APPOINTMENT REQUEST</th>
<th>Interval: --</th>
<th>Occurrences: --</th>
</tr>
</thead>
</table>

#### 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

<table>
<thead>
<tr>
<th>TREATMENT CONDITIONS 39</th>
<th>Interval: --</th>
<th>Occurrences: --</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium (Normal range 3.5 to 5.0mEq/L)</td>
<td>Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</td>
<td></td>
</tr>
<tr>
<td>o Protocol applies only to same day lab value.</td>
<td>Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</td>
<td></td>
</tr>
<tr>
<td>o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</td>
<td>Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</td>
<td></td>
</tr>
</tbody>
</table>
TREATMENT CONDITIONS 40

Interval: --
Occurrences: --
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- 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
Chemotherapy

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

- **Dose**: 20 mg/m2
- **Route**: intravenous
- **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:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Dose</th>
<th>Selected</th>
<th>Adds Vol.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARFILZOMIB 60 MG INTRAVENOUS SOLUTION</td>
<td>Medications</td>
<td>20 mg/m2</td>
<td>Main Ingredient</td>
<td>Yes</td>
</tr>
<tr>
<td>DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION</td>
<td>QS Base</td>
<td>50 mL</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

- **Dose**: 20 mL
- **Route**: intravenous
- **Instructions**: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

**HEParin, porcine (PF) injection 500 Units**

- **Dose**: 500 Units
- **Route**: intra-catheter
- **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**
- **CBC WITH PLATELET AND DIFFERENTIAL**
- **MAGNESIUM LEVEL**
- **LDH**
- **URIC ACID LEVEL**
### PHOSPHORUS LEVEL

**Outpatient Electrolyte Replacement Protocol**

**TREATMENT CONDITIONS 39**

**Interval:** --  
**Occurrences:** --  
**Comments:**

- Potassium (Normal range 3.5 to 5.0mEq/L)
  - Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
  - Protocol applies only to same day lab value.
  - Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
  - Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
  - Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
  - Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
  - If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
  - Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**

**Interval:** --  
**Occurrences:** --  
**Comments:**

- Magnesium (Normal range 1.6 to 2.6mEq/L)
  - Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
  - Protocol applies only to same day lab value.
  - Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
  - Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
  - Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
  - Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
  - If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
  - 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  
  - **Start:** S  
  - **PRN**

**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  

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  

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:**  
<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Dose</th>
<th>Selected</th>
<th>Adds Vol.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARFILZOMIB 60 MG INTRAVENOUS SOLUTION</td>
<td>Medications</td>
<td>20 mg/m2</td>
<td>Main Ingredient</td>
<td>Yes</td>
</tr>
<tr>
<td>DEXTROSE 5% IN WATER (D5W) INTRAVENOUS SOLUTION</td>
<td>QS Base</td>
<td>50 mL</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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**
### 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)  
  - Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP  
  - Protocol applies only to same day lab value.  
  - Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP  
  - Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO  
  - Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO  
  - Serum potassium 3.5 mEq/L or greater, do not give potassium replacement  
  - If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"  
  - Sign electrolyte replacement order as Per protocol: cosign required

#### Treatment Conditions 40

**Interval:** --  
**Occurrences:** --  
**Comments:**

- Magnesium (Normal range 1.6 to 2.6mEq/L)  
  - Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP  
  - Protocol applies only to same day lab value.  
  - Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP  
  - Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV  
  - Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV  
  - Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement  
  - If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"  
  - 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:
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<tbody>
<tr>
<td>CARFILZOMIB 60 MG INTRAVENOUS SOLUTION</td>
<td>Medications</td>
<td>20 mg/m2</td>
<td>Main</td>
<td>Yes</td>
</tr>
<tr>
<td>DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION</td>
<td>QS Base</td>
<td>50 mL</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Days 1,2</th>
<th>Repeat 3 times</th>
<th>Cycle length: 28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Perform every 1 day x2</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Interval: --</th>
<th>Occurrences: --</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Potassium (Normal range 3.5 to 5.0mEq/L)</td>
</tr>
<tr>
<td></td>
<td>Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</td>
</tr>
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<td>Protocol applies only to same day lab value.</td>
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<tr>
<td></td>
<td>Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</td>
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<td></td>
<td>Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</td>
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<td></td>
<td>Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</td>
</tr>
<tr>
<td></td>
<td>Serum potassium 3.5 mEq/L or greater, do not give potassium replacement</td>
</tr>
<tr>
<td></td>
<td>If patient meets criteria, order SmartSet called &quot;Outpatient Electrolyte Replacement&quot;</td>
</tr>
<tr>
<td></td>
<td>Sign electrolyte replacement order as Per protocol: cosign required</td>
</tr>
</tbody>
</table>

**TREATMENT CONDITIONS 40**

<table>
<thead>
<tr>
<th>Interval: --</th>
<th>Occurrences: --</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Magnesium (Normal range 1.6 to 2.6mEq/L)</td>
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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
Start: S

**Nursing Orders**

**sodium chloride 0.9 % bolus 250 mL**
Dose: 250 mL
Route: intravenous
Start: S
Instructions: Pre-hydration.

**Nursing Orders**

**sodium chloride 0.9 % infusion 250 mL**
Dose: 250 mL
Route: intravenous
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
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
Start: S
Offset: 1 Hours
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.

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

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: --
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: --
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: --
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**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Type</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>dexamethasone (DECADRON) tablet 4 mg</td>
<td></td>
<td>4 mg</td>
<td>oral</td>
<td>once for 1 dose</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Type</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>carfilzomib (KYPROLIS) 27 mg/m2 in dextrose 5% 50 mL chemo IVPB</td>
<td></td>
<td>27 mg/m2</td>
<td>intravenous</td>
<td>once over 10 Minutes for 1 dose</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Dose</th>
<th>Selected</th>
<th>Adds Vol.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARFILZOMIB 60 MG INTRAVENOUS SOLUTION</td>
<td>Medications</td>
<td>27 mg/m²</td>
<td>Main Ingredient</td>
<td>Yes</td>
</tr>
<tr>
<td>DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION</td>
<td>QS Base</td>
<td>50 mL</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**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

**Days 15,16**

**Appointment Requests**

Perform every 1 day x2
| 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)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required
**Line Flush**

**sodium chloride 0.9 % flush 20 mL**
- Dose: 20 mL
- Route: intravenous
- PRN

**Nursing Orders**

**sodium chloride 0.9 % bolus 250 mL**
- Dose: 250 mL
- Route: intravenous
- once over 60 Minutes for 1 dose

**Nursing Orders**

**sodium chloride 0.9 % infusion 250 mL**
- Dose: 250 mL
- Route: intravenous
- once @ 30 mL/hr for 1 dose

**Provider Communication**

**ONC PROVIDER COMMUNICATION 4**
- 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

**Provider Communication**

**ONC PROVIDER COMMUNICATION 5**
- 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.

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<td>Main</td>
<td>Yes</td>
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<tr>
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<td>QS Base</td>
<td>50 mL</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Discharge Nursing Orders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ONC NURSING COMMUNICATION 76</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interval: --</td>
<td>Occurrences: --</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td>Discontinue IV.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<tbody>
<tr>
<td>☑ <strong>sodium chloride 0.9 % flush 20 mL</strong></td>
</tr>
<tr>
<td>Dose: 20 mL</td>
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</tbody>
</table>

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<td>☑ <strong>HEParin, porcine (PF) injection 500 Units</strong></td>
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<tr>
<td>Dose: 500 Units</td>
</tr>
<tr>
<td>Start: S</td>
</tr>
<tr>
<td>Instructions:</td>
</tr>
<tr>
<td>Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.</td>
</tr>
</tbody>
</table>