

OP CARFILZOMIB (MAINTENANCE)

Types: ONCOLOGY TREATMENT

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

Cycles 1 to 3	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: 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

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☒ URIC ACID LEVEL

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Outpatient Electrolyte Replacement Protocol

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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: --

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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

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Start: S

Nursing Orders

sodium chloride 0.9 % bolus 250 mL

Dose: 250 mL

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once over 60 Minutes for 1 dose

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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.

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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**

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Ingredients:**Name****Type****Dose****Selected****Adds Vol.**CARFILZOMIB 60
MG INTRAVENOUS
SOLUTION

Medications

27 mg/m2

Main

Yes

Ingredient

DEXTROSE 5 % IN
WATER (D5W)
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SOLUTION

QS Base

50 mL

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Discharge Nursing Orders**ONC NURSING COMMUNICATION 76**

Interval: --

Occurrences: --

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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**

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Interval: -- Occurrences: --

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Outpatient **Electrolyte Replacement Protocol**

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