Protocol Index

OP CARFILZOMIB (WEEKLY)

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

Cycles 1 to 3 Repeat 3 times Cycle length: 28 days

Days 1,8,15 Perform every 7 days x3

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)
- 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

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.

Pre-Medications

dexamethasone (DECADRON) tablet 40 mg
Dose: 40 mg Route: oral once for 1 dose
Start: S

ondansetron (ZOFRAN) tablet 16 mg
Dose: 16 mg Route: oral once for 1 dose
Start: S

Chemotherapy

carfilzomib (KYPROLIS) 70 mg/m2 in dextrose 5% 50 mL chemo IVPB
Dose: 70 mg/m2 Route: intravenous once over 30 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.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CARFILZOMIB 60 MG INTRAVENOUS SOLUTION	Medications	70 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W)	QS Base	50 mL	Yes	Yes

INTRAVENOUS
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.