## **OP CETUXIMAB (EVERY 7 DAYS)**

*Types:* ONCOLOGY TREATMENT

*Synonyms:* CET, ERB, HERB, CETUXIMAB, ERBITUX, HERBITUX, COLORECTAL, GI, GASTRO, HEAD, NECK, H&N, METAS

Cycle 1	Repea	at 1 time	Cycle length: 7 days	
Day 1				Perform every 7 days x1
Appo	intment Requests			
	INFUSION APPOIN	TMENT REQUEST		
	Interval:	Occurrences:		
Labs				
	COMPREHENSIVE META			
	Interval:	Occurrences:		
	CBC WITH PLATE	ET AND DIFFERENTIAL		
	Interval:	Occurrences:		
		L		
	Interval:	Occurrences:		

Outpa	tpatient Electrolyte Replacement Protocol					
	TREATMENT CONDI					
	Interval: Comments:	MD/NP o Protocol applie o Serum potassi PO and contact MD/NF o Serum potassi o Serum potassi o Serum potassi replacement o If patient meet Electrolyte Replaceme	es for SCr less than 1.5. Otherwise, contact es only to same day lab value. um less than 3.0mEq/L, give 40mEq KCL IV or o um 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO um 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO um 3.5 mEq/L or greater, do not give potassium s criteria, order SmartSet called "Outpatient			
	TREATMENT CONDI	TIONS 40				
	Interval: Comments:	Occurrences: Magnesium (Normal ra o Protocol applie MD/NP o Protocol applie o Serum Magnes sulfate IV and contact o Serum Magnes sulfate IV o Serum Magnes sulfate IV o Serum Magnes sulfate IV o Serum Magnes umagnesium replaceme o If patient meet Electrolyte Replaceme	es for SCr less than 1.5. Otherwise, contact es only to same day lab value. sium less than 1.0mEq/L, give 2 gram magnesium MD/NP sium 1.0 to 1.2mEq/L, give 2 gram magnesium sium 1.3 to 1.5mEq/L, give 1 gram magnesium sium 1.6 mEq/L or greater, do not give ent s criteria, order SmartSet called "Outpatient			
Nuroi	ng Ordoro					
Nursi	ng Orders TREATMENT CONDI	TIONS 7				
	Interval:	Occurrences:				
	Comments:		der if ANC LESS than 1000; Platelets LESS than			
Line F	Flush					
	<b>sodium chloride 0.9</b> Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
Nursi	ng Orders					
	sodium chloride 0.9 9 Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 dose			
Pre-M	ledications					
	diphenhydrAMINE (B mg Dose: 25 mg Start: S Instructions: Give 30 minutes price	ENADRYL) injection 25 Route: intravenous r to cetuximab.	once for 1 dose			

Supportive Car		Interation dama					
	O LORAZepam (ATIVAN) injection 1 mg						
Dose Start	5	Route: intravenous	once PRN				
	AZepam (ATIVAN)	-					
Dose Start	5	Route: oral	once PRN				
Chemotherapy							
		400 mg/m2 in 0 mL Route: intravenous	once over 120 Offset: 30 Mir		for 1 dose		
Ad filte me	Instructions: Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. 1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes.						
an rea							
	ate of infusion not to _/minute)	exceed 10 mg/minute (5	i				
Ingr	edients:	Name CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	<b>Type</b> Medications	<b>Dose</b> 400 mg/m2	Selected Adds Vol. Main Yes Ingredient		
Hematology & (	Oncology Hypersen	sitivity Reaction Standing	order				
ONC	NURSING COMM	UNICATION 82					
Interval:       Occurrences:         Comments:       Grade 1 - MILD Symptoms (cutaneous and su only – itching, flushing, periorbital edema, ras 1. Stop the infusion.         2. Place the patient on continuous monitoring.       3. Obtain vital signs.         4. Administer Normal Saline at 50 mL per hou intravenous tubing.       5. If greater than or equal to 30 minutes since Diphenhydramine, administer Diphenhydramine once.         6. If less than 30 minutes since the last dose of administer Fexofenadine 180 mg orally and Feintravenous once.       7. Notify the treating physician.         8. If no improvement after 15 minutes, advance (Moderate) or Grade 3 (Severe).       9. Assess vital signs every 15 minutes until re otherwise ordered by covering physician.			ma, rash, o nitoring. per hour u s since the ydramine	or runny nose) sing a new bag and new e last dose of 25 mg intravenous			
		administer Fexofenadine intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 ( 9. Assess vital signs ever	e 180 mg orally /sician. er 15 minutes, Severe). ery 15 minutes	y and Fam advance I until resol	otidine 20 mg evel of care to Grade 2		
Inter	<b>NURSING COMM</b> val: iments:	administer Fexofenading intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 ( 9. Assess vital signs even otherwise ordered by co	e 180 mg orally vsician. er 15 minutes, Severe). ery 15 minutes vering physicia Symptoms (ca ns – shortness	y and Fam advance I until resol an. rdiovascul of breath,	otidine 20 mg evel of care to Grade 2 ution of symptoms or ar, respiratory, or wheezing, nausea,		

		<ol> <li>Place the patient on</li> <li>Obtain vital signs.</li> <li>Administer Oxygen a maintain O2 saturation</li> <li>Administer Normal S new intravenous tubing</li> <li>Administer Hydrocor to Hydrocortisone, plea intravenous), Fexofena intravenous once.</li> <li>If no improvement af (Severe).</li> </ol>	at 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and tisone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg ter 15 minutes, advance level of care to Grade 3 very 15 minutes until resolution of symptoms or
_			
	ONC NURSING COM	MMUNICATION 83	
	Interval:	Occurrences:	
	Comments:	Grade 3 – SEVERE Sy compromise – cyanosis with systolic blood pres loss of consciousness,	mptoms (hypoxia, hypotension, or neurologic or O2 saturation less than 92%, hypotension sure less than 90 mmHg, confusion, collapse, or incontinence)
		1. Stop the infusion.	
			m and treating physician immediately.
		3. Place the patient on	continuous monitoring.
		4. Obtain vital signs.	an 50 or greater than 120, or blood pressure is
			place patient in reclined or flattened position.
			at 2 L per minute via nasal cannula. Titrate to
			of greater than or equal to 92%.
			aline at 1000 mL intravenous bolus using a new
		bag and new intraveno	
			tisone 100 mg intravenous (if patient has allergy
			se administer Dexamethasone 4 mg intravenous)
		and Famotidine 20 mg	
			ine (1:1000) 0.3 mg subcutaneous.
			every 15 minutes until resolution of symptoms or
		otherwise ordered by c	overing physician.
		BENADRYL) injection 25	
	<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALL F	GRA) tablet 180 mg	
	Dose: 180 mg Start: S	Route: oral	PRN
-		) 20 mg/2 mL injection 20	
	mg		
	Dose: 20 mg	Route: intravenous	PRN
	Start: S		
	hydrocortisone sod	ium succinate	
	(Solu-CORTEF) inje		
	Dose: 100 mg	Route: intravenous	PRN
	dexamethasone (DE	ECADRON) injection 4 mg	
	Dose: 4 mg	Route: intravenous	PRN
	Start: S		
		ENALIN) 1 mg/10 mL ADU	LT
	injection syringe 0.3		
	Dose: 0.3 mg	Route: subcutaneous	PRN

		Start: S	
	Disch	arge Nursing Orders	
		ONC NURSING COMMU	JNICATION 76 Occurrences:
			Discontinue IV.
	Disch	arge Nursing Orders	
		✓ sodium chloride 0.9 % f	lush 20 mL
		—	Route: intravenous PRN
		D030. 20 mL	
		HEParin, porcine (PF) ir	njection 500 Units
			Route: intra-catheter once PRN
		Start: S	
		Instructions:	
			ts/mL. Heparin flush for
		Implanted Vascular Acc maintenance.	
Cycles 2 t	o 19	Repeat 11	times Cycle length: 7 days
Day		nepearri	Perform every 7 days x1
,		intment Requests	
		INFUSION APPOINTME	
		Interval:	Occurrences:
	Labs		
		COMPREHENSIVE MET	ABOLIC PANEL
		Interval:	Occurrences:
		🛛 CBC WITH PLATELET A	AND DIFFERENTIAL
		Interval:	Occurrences:
		☑ MAGNESIUM LEVEL	
			Occurrences:
	Outos	atient Electrolyte Replacement	
	Outpa	TREATMENT CONDITIO	
			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
			<ul> <li>Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</li> <li>Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> </ul>
			o Serum potassium 3.5 mEq/L or greater, do not give potassium
		, i	replacement
			o If patient meets criteria, order SmartSet called "Outpatient
			Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign
			required
		TREATMENT CONDITIC	DNS 40 Occurrences:
			Magnesium (Normal range 1.6 to 2.6mEq/L)
		(	o Protocol applies for SCr less than 1.5. Otherwise, contact
			MD/NP
			<ul> <li>Protocol applies only to same day lab value.</li> <li>Serum Magnesium less than 1.0mEg/L. give 2 gram magnesium</li> </ul>

	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				
<b>TREATMENT CONDIT</b> Interval: Comments:	Occurrences: HOLD and notify provid 100,000.	er if ANC LES	S than 10	00; Platelets LESS than
Line Flush				
sodium chloride 0.9 % Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN		
Nursing Orders				
sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.		once @ 30 m	1L/hr for 1	dose
Pre-Medications				
diphenhydrAMINE (BI mg Dose: 25 mg Start: S Instructions: Give 30 minutes prior	ENADRYL) injection 25 Route: intravenous r to cetuximab.	once for 1 do	se	
Supportive Care				
O LORAZepam (ATIVAN)	l) injection 1 mg			
Dose: 1 mg Start: S	Route: intravenous	once PRN		
O LORAZepam (ATIVAN)	l) tablet 1 mg			
Dose: 1 mg Start: S	Route: oral	once PRN		
Chemotherapy				
<b>cetuximab (ERBITUX)</b> Dose: 250 mg/m2	<b>250 mg/m2 in 0 mL</b> Route: intravenous	once over 60 Offset: 30 Mi		or 1 dose
filter. Do not shake. D	protein binding 0.22 micro Do not mix with other / line with NS at the end	n		
Pata of infusion pat t	o exceed 10 mg/minute (	5		
mL/minute)	Name CETUXIMAB 100 MG/50 ML	<b>Type</b> Medications	<b>Dose</b> 250	<b>Selected Adds Vol.</b> Main Yes Ingredient

## INTRAVENOUS SOLUTION

## Hematology & Oncology Hypersensitivity Reaction Standing Order

	persensitivity Reaction Standing Order		
Interval:	Occurrences:		
Comments:	Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion.		
	<ol> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> </ol>		
	4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.		
	<ol> <li>If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.</li> </ol>		
	6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.		
	<ul><li>7. Notify the treating physician.</li><li>8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).</li></ul>		
	9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.		
	COMMUNICATION 4		
Interval: Comments:	Occurrences: 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.		
	<ol> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> </ol>		
	5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.		
	<ol><li>Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.</li></ol>		
	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).		
	<ol><li>Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li></ol>		

## **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.
	<ol><li>Place the patient on continuous monitoring.</li></ol>
	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.
	<ol><li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li></ol>

		bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrir	sone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
	diphenhydrAMINE (BE mg Dose: 25 mg	Route: intravenous	PRN
	Start: S fexofenadine (ALLEGF Dose: 180 mg Start: S	<b>RA) tablet 180 mg</b> Route: oral	PRN
	famotidine (PEPCID) 2 mg Dose: 20 mg Start: S	0 mg/2 mL injection 20 Route: intravenous	PRN
	hydrocortisone sodiur (Solu-CORTEF) injecti Dose: 100 mg		PRN
	dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN/ injection syringe 0.3 m Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL ng Route: subcutaneous	<b>T</b> PRN
Disch	arge Nursing Orders ONC NURSING COMM Interval: Comments:	UNICATION 76 Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
	🖉 sodium chloride 0.9 %	flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (PF) Dose: 500 Units Start: S Instructions: Concentration: 100 ur Implanted Vascular A maintenance.	Route: intra-catheter	once PRN