# OP CISPLATIN / ETOPOSIDE W/ CONCURRENT THORACIC RT (EVERY 28 DAYS)

## *Types:* ONCOLOGY TREATMENT

Synonyms: VP16, ETOPOSIDE, ETOP, LUNG, NON-SMALL CELL, NSCLC, CIS, CISPLATIN, PLATINOL

Take-H	lome	e Med	ications	Repeat 1	time	Cyc	le length: 1 day	
D	Day 1							Perform every 1 day x1
		I ake-	Home Medicat	ions Prior to T	reatment			
			○ dexamet	hasone (DEC)	ADRON) 4	AG tablet		
			Dose: 8 n Dispense Start: S Instruction Start or	: 6 tablet	Route: ora Refills: 0 End: S+3 tment Cycle			
Cycles	a 1 to	3		Repeat 3	times	Cvc	le length: 28 days	
	Day 1					-,-		Perform every 1 day x1
		Appo	intment Reque					
			INFUSIOI Interval: -	N APPOINTM	Occurrence			
		Labs						
				HENSIVE ME	TABOLIC	ANEL		
			Interval: -	-	Occurrenc	es:		
			✓ CBC WIT	H PLATELET	AND DIFF	RENTIAL		
			Interval: -	-	Occurrenc	es:		
				IUM LEVEL				
			Interval: -	-	Occurrenc	es:		
	Outpatient Electrolyte Replacement Proto				nt Protocol			
				ENT CONDITI				
			Interval: - Comment			es: (Normal range 3.5 ptocol applies for S		therwise contact
					MD/NP	otocol applies only		
					o Se			ive 40mEq KCL IV or
					o Se	rum potassium 3.0		40mEq KCL IV or PO
					o Se	rum potassium 3.5		20mEq KCL IV or PO do not give potassium
						atient meets criteri	a, order SmartSet	called "Outpatient
						Replacement" on electrolyte replace	cement order as Pe	er protocol: cosign
					required			
			TREATM	ENT CONDIT	IONS 40			
			Interval: -	-	Occurrenc			
			Comment	IS:		n (Normal range 1.6		there exists
					MD/NP	otocol applies for S		
						otocol applies only		llue. aive 2 aram maanesium
					0 Se	I I I I I I I I I I I I I I I I I I I	ss man i.vincu/L.	uive 2 urani maunesium

		sulfate IV and contact M o Serum Magnesi sulfate IV o Serum Magnesi sulfate IV o Serum Magnesi magnesium replacemen o If patient meets Electrolyte Replacement o Sign electrolyte required	um 1.0 to 1.2r um 1.3 to 1.5r um 1.6 mEq/L t criteria, order t"	mEq/L, give or greater SmartSet o	e 1 gram m , do not giv called "Outj	agnesium re patient
Nursi	ng Orders					
	ONC NURSING COMM Interval: Comments:	Occurrences: Verify with the patient th	at a radiation	appointme	nt has beer	n scheduled
Nursi	ng Orders					
	TREATMENT CONDIT Interval: Comments:	IONS 7 Occurrences: HOLD and notify provide 100,000.	er if ANC LES	S than 100	0; Platelets	LESS that
Line F	Flush					
	sodium chloride 0.9 % Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN			
Pre-H	lydration					
	sodium chloride 0.9 % Dose: 1,000 mL Start: S	<b>infusion 1,000 mL</b> Route: intravenous	once @ 500 r	mL/hr for 1	dose	
Pre-M	ledications					
	☑ palonosetron (ALOXI)	injection 0.25 mg				
	Dose: 0.25 mg Start: S	Route: intravenous End: S 1:45 PM	once for 1 do	se		
	dexamethasone (DEC. ✓ chloride 0.9% IVPB	ADRON) 12 mg in sodiu	m			
	Dose: 12 mg					
	DUSC. IZ IIIg	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Start: S Ingredients:	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Туре	Minutes fo Dose 12 mg	Selected	Yes
	Start: S	<b>Name</b> DEXAMETHASONE 4 MG/ML INJECTION	Туре	Dose	<b>Selected</b> Main	Yes
	Start: S	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	<b>Type</b> Medications Base	<b>Dose</b> 12 mg	<b>Selected</b> Main Ingredient	
	Start: S Ingredients: aprepitant (CINVANTI)	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION ) 130 mg in dextrose	<b>Type</b> Medications Base	<b>Dose</b> 12 mg 50 mL	Selected Main Ingredient Yes	Yes
	Start: S Ingredients: aprepitant (CINVANTI)	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION ) 130 mg in dextrose	<b>Type</b> Medications Base	<b>Dose</b> 12 mg 50 mL 50 mL	Selected Main Ingredient Yes No	Yes

		MG/ML INTRAVENOUS			Ingredient	
		EMULSION DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes
	netupitant-palonosetro	on (AKYNZEO) 300-0.5				
	mg per capsule 1 caps					
:	Dose: 1 capsule Start: S Instructions:	Route: oral End: S 5:30 PM	once for 1 dos	se		
	Administer approxima chemotherapy.	tely 1 hour prior to				
	ondansetron (ZOFRAN (DECADRON) in sodiu IVPB	l), dexamethasone m chloride 0.9% 50 mL				
	Dose: Start: S	Route: intravenous End: S 11:42 AM	once over 15	Minutes for	r 1 dose	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS	Type Medications	Dose	Selected Yes	<b>Adds Vol.</b> No
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications		Yes	No
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
Chemother	rapy					
	CISplatin (PLATINOL)	50 mg/m2 in sodium				
	chloride 0.9 % 500 mĹ					
	Dose: 50 mg/m2	Route: intravenous	once over 2 H Offset: 2 Hour	rs		
	Ingredients:	Name CISPLATIN 1 MG/ML INTRAVENOUS	Type Medications			<b>Adds Vol.</b> Yes
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes
	etoposide (TOPOSAR)	50 mg/m2 in sodium 9 % 500 mL chemo IVPE	3			

	Dose: 50 mg/m2	Route: intravenous	once over 1 l	Hours for 1	dose		
	-	i loutor initiat onouo	Offset: 4 Hou				
	Instructions: Administer through a non-PVC tubing set	0.22 micron filter and					
	Ingredients:	<b>Name</b> ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	<b>Type</b> Medications	<b>Dose</b> 50 mg/m2		Adds Vol. Yes	
		SODIUM CHLORIDE 0.9 %   SOLP (EXCEL;NON-PVC		500 mL	Yes	Yes	
Hem	atology & Oncology Hyperse	· · · · · · · · · · · · · · · · · · ·	·				
nome	ONC NURSING COM						
	Interval:	Occurrences:	<i>,</i> .				
	Comments:	Grade 1 - MILD Sympt only – itching, flushing, 1. Stop the infusion.					
		2. Place the patient on	continuous mo	nitoring.			
		<ol> <li>Obtain vital signs.</li> <li>Administer Normal S intravenous tubing.</li> </ol>	Saline at 50 mL	per hour u	sing a new	bag and new	
		5. If greater than or equipment					
		once. 6. If less than 30 minut administer Fexofenadir					
		intravenous once. 7. Notify the treating ph 8. If no improvement at		advance l	evel of car	e to Grade 2	
		(Moderate) or Grade 3 9. Assess vital signs ev otherwise ordered by c	(Severe). very 15 minutes	until resol			
	ONC NURSING COM						
	Interval:	Occurrences:					
	Comments:	Grade 2 – MODERATE gastrointestinal sympto vomiting, dizziness, dia back pain) 1. Stop the infusion.	oms – shortness	s of breath,	wheezing,	nausea,	
		<ol> <li>Notify the CERT tea</li> <li>Place the patient on</li> <li>Obtain vital signs.</li> </ol>			mmediately	/.	
		5. Administer Oxygen a maintain O2 saturation	of greater than	or equal to	o 92%.		
		6. Administer Normal S new intravenous tubing		per hour	using a nev	w bag and	
		<ol> <li>7. Administer Hydrocor to Hydrocortisone, plea intravenous), Fexofena</li> </ol>	tisone 100 mg ase administer l	Dexametha	sone 4 mg		
		intravenous once. 8. If no improvement a	_	-		_	
		(Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.					
	ONC NURSING COM						
		Occurrences:					

	Comments:	<ul> <li>compromise – cyanosis</li> <li>with systolic blood pressions of consciousness,</li> <li>1. Stop the infusion.</li> <li>2. Notify the CERT tear</li> <li>3. Place the patient on early of the constraint o</li></ul>	n and treating physician immediately. continuous monitoring. aan 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 us tubing. tisone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) intravenous once. ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or
	<b>mg</b> Dose: 25 mg	ENADRYL) injection 25 Route: intravenous	PRN
	Start: S fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
		20 mg/2 mL injection 20 Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN
		ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN injection syringe 0.3 r Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADU ng Route: subcutaneous	LT PRN
Post-	Hydration		
	O sodium chloride 0.9 %	6 infusion 1,000 mL	
	Dose: 1,000 mL	Route: intravenous	once @ 500 mL/hr for 1 dose Offset: 5.5 Hours
	Instructions: Following chemother	apy.	
Disch	arge Nursing Orders		
	ONC NURSING COMM Interval: Comments:	IUNICATION 76 Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
	✓ sodium chloride 0.9 %	6 flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN

	☑ HEParin, porcine (PF)	iniection 500 Units
	Dose: 500 Units Start: S Instructions: Concentration: 100 un	Route: intra-catheter once PRN hits/mL. Heparin flush for
	Implanted Vascular Administration maintenance.	ccess Device
Day 2		Perform every 1 day x1
	ntment Requests	
	INFUSION APPOINTMI Interval:	
Labs	interval	Occurrences:
Labs	COMPREHENSIVE ME	
	Interval:	Occurrences:
	Interval:	
		Occurrences:
Quetra	Interval:	Occurrences:
Outpa	atient Electrolyte Replacemer TREATMENT CONDITI	
	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
		<ul> <li>Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> <li>Serum potassium 3.5 mEq/L or greater, do not give potassium</li> </ul>
		replacement
		o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
		o Sign electrolyte replacement order as Per protocol: cosign
		required
	TREATMENT CONDITI	ONS 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
		o If patient meets criteria, order SmartSet called "Outpatient
		Electrolyte Replacement"
		o Sign electrolyte replacement order as Per protocol: cosign required

Nursing						
	ONC NURSING COMM	IUNICATION 8				
	Interval:	Occurrences:				
	Comments:	Verify that patient took E	DEXAMETHAS	SONE orally	y prior to cl	nemotherapy.
		Otherwise, please conta				
NI	Orale as					
Nursing						
	TREATMENT CONDITI					
	Interval:	Occurrences:				
	Comments:	HOLD and notify provide	er if ANC LESS	S than 100	0; Platelets	LESS than
		100,000.				
Line Flus	sh					
	sodium chloride 0.9 %	flush 20 ml				
	Dose: 20 mL	Route: intravenous	PRN			
	Start: S		1 TUN			
Hydratio						
	sodium chloride 0.9 %					
	Dose: 250 mL	Route: intravenous	once @ 30 m	L/hr for 1 d	lose	
	Start: S					
	Instructions:					
	To keep vein open					
Pre-Med	lications					
(	ondansetron (ZOFRAN)	N) injection 8 mg				
		t) injection o ing				
	Dose: 8 mg	Route: intravenous	once for 1 do	se		
	Start: S	End: S 11:15 AM				
C	ondansetron (ZOFRAN	N) tablet 16 mg				
	Dose: 16 mg	Route: oral	once for 1 do	se		
	Start: S					
C		N) 16 mg in dextrose 5%	•			
C	50 mL IVPB					
	Dose: 16 mg	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Start: S	End: S 11:00 AM				
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	3	ONDANSETRON	Medications	16 ma	Main	No
		HCL (PF) 4 MG/2		. •g	Ingredient	
		ML INJECTION			ingrouion	
		SOLUTION				
		DEXTROSE 5 % IN	Base	50 mL	Always	Yes
		WATER (D5W)	Dase	50 mL	Aiways	163
		INTRAVENOUS				
		SOLUTION				
Chemoth						
	etoposide (TOPOSAR)					
	chloride 0.9 % 500 mL					
	Dose: 50 mg/m2	Route: intravenous	once over 1 H	lours for 1	dose	
			Offset: 30 Mir	nutes		
	Instructions:					
	Administer through a	0.22 micron filter and				
	non-PVC tubing set.					
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
		ETOPOSIDE 20	Medications			Yes
		MG/ML	modications	oo mg/mz	Ingredient	
		INTRAVENOUS			ingreulent	
		SOLUTION				
			OS Paga		Voc	Yes
		SODIUM	QS Base		Yes	165

		CHLORIDE 0.9 % IV
		SOLP (EXCEL;NON-PVC)
Home	atalagy & Opeology Hype	ersensitivity Reaction Standing Order
пеша		OMMUNICATION 82
	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</li></ul>
		(Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.
		OMMUNICATION 4
	Interval:	Occurrences:
	Comments:	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)
		<ol> <li>Stop the infusion.</li> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> </ol>
		<ol> <li>Obtain vital signs.</li> <li>Administer Oxygen at 2 L per minute via nasal cannula. Titrate to print the second second</li></ol>
		maintain O2 saturation of greater than or equal to 92%. 6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
		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). 9. Assess vital signs every 15 minutes until resolution of symptoms or
		otherwise ordered by covering physician.
	ONC NURSING CO	OMMUNICATION 83 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)
		<ol> <li>Stop the infusion.</li> <li>Notify the CERT team and treating physician immediately.</li> </ol>
		<ol> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> </ol>
		<ul> <li>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.</li> <li>6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to</li> </ul>

diphenhydr AMINE (BENADRYL) injection 25 mg Doss: 25 mg Route: intravenous PRN Start: S famotidine (ALLEGRA) tablet 180 mg Doss: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Doss: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Doss: 100 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Doss: 0.3 mg Route: subcutaneous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Doss: 0.3 mg Route: subcutaneous PRN Start: S Discharge Nursing Orders V Start: S Discharge Nursing Orders V sodium chloride 0.9 % flush 20 mL Doss: 20 mL Route: intravenous PRN V HEParin, porcine (PF) injection 500 Units Doss: 20 mL Route: intravenous PRN Start: S Instructions: Commentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Day 3 Appointment Requests INFUSION APPOINTMENT REQUEST Interval:			<ol> <li>Administer Normal Sa bag and new intravenou</li> <li>Administer Hydrocort</li> <li>to Hydrocortisone, please</li> <li>and Famotidine 20 mg i</li> <li>Administer Epinephri</li> </ol>	isone 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
Dose: 180 mg Poute: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg Dose: 100 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S Discharge Nursing Orders ONC NURSING COMMUNICATION 76 Interval: Occurrences: Comments: Discontinue IV. Discharge Nursing Orders Ø sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Ø therait: S Discontinue IV. Discharge Nursing Orders Ø sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S Instructions: Concentration: 100 units/mL, Heparin flush for Implanted Vascular Access Device maintenance. Day 3 Appointment Requests INFUSION APPOINTMENT REQUEST		<b>mg</b> Dose: 25 mg		PRN
mg       Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg       Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       Dose: 4 mg       Route: intravenous       PRN         start: S       epiNEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg       Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       epiNEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg       Route: subcutaneous       PRN         Start: S       Bose: 0.3 mg       Route: subcutaneous       PRN         Start: S       Occurrences: Comments:       Discontinue IV.         Discharge Nursing Orders       Ø       sodium chloride 0.9 % flush 20 mL Dose: 20 mL       Dose: 20 mL         Dose: 20 mL       Route: intravenous       PRN         Start: S       Instructions: Concentration: 100 units       Poute: intra-catheter       once PRN         Start: S       Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.       Perform every 1 day ×         Appointment Requests		Dose: 180 mg		PRN
(Solu-CORTEF) injection 100 mg Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg Dose: 4 mg       Route: intravenous       PRN         Start: S       epiNEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg       Route: subcutaneous       PRN         Discharge Nursing Orders       ONC NURSING COMMUNICATION 76 Interval:       Occurrences: Comments:       Occurrences: Discontinue IV.         Discharge Nursing Orders       Image: 20 mL       Route: intravenous       PRN         V       Discontinue IV.       Discontinue IV.       Discontinue IV.         Discharge Nursing Orders       Image: 20 mL       Route: intravenous       PRN         Discharge Nursing Orders       Image: 20 mL       Route: intravenous       PRN         Discharge Nursing Orders       Image: 20 mL       Route: intra-catheter       once PRN         Start: S       Instructions:       Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.       Perform every 1 day x         Appointment Requests       INFUSION APPOINTMENT REQUEST       Perform every 1 day x		<b>mg</b> Dose: 20 mg		
Dose: 4 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S Discharge Nursing Orders ONC NURSING COMMUNICATION 76 Interval: Comments: Discontinue IV. Discharge Nursing Orders Sodium chloride 0.9 % flush 20 mL Dose: 20 mL Route: intravenous PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Day 3 Appointment Requests INFUSION APPOINTMENT REQUEST		(Solu-CORTEF) inject	tion 100 mg	PRN
injection syringe 0.3 mg Dose: 0.3 mg Start: S       Route: subcutaneous       PRN         Discharge Nursing Orders ONC NURSING COMMUNICATION 76 Interval: Occurrences: Comments: Discontinue IV.       Interval: Comments: Discontinue IV.         Discharge Nursing Orders       ✓         ✓       sodium chloride 0.9 % flush 20 mL Dose: 20 mL       PRN         ✓       HEParin, porcine (PF) injection 500 Units Dose: 500 Units       PRN         ✓       HEParin, porcine (PF) injection 500 Units Dose: 500 Units       once PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.       Perform every 1 day xt         Day 3       Perform every 1 day xt		Dose: 4 mg		
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 I 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. Day 3 Perform every 1 day x Appointment Requests INFUSION APPOINTMENT REQUEST		injection syringe 0.3 Dose: 0.3 mg	mg	
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.       Perform every 1 day x         Appointment Requests       INFUSION APPOINTMENT REQUEST       Perform every 1 day x	Disch	ONC NURSING COM	Occurrences:	
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       Perform every 1 day x         Day 3       Appointment Requests       INFUSION APPOINTMENT REQUEST       Perform every 1 day x	Disch	arge Nursing Orders		
✓ 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. Day 3 Perform every 1 day x Appointment Requests INFUSION APPOINTMENT REQUEST		🗹 sodium chloride 0.9 %	% flush 20 mL	
Dose: 500 Units Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Day 3 Appointment Requests INFUSION APPOINTMENT REQUEST		Dose: 20 mL	Route: intravenous	PRN
Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Day 3 Appointment Requests INFUSION APPOINTMENT REQUEST Perform every 1 day x <sup>2</sup>		☑ HEParin, porcine (PF)	) injection 500 Units	
Appointment Requests INFUSION APPOINTMENT REQUEST		Start: S Instructions: Concentration: 100 u Implanted Vascular A	inits/mL. Heparin flush for	
INFUSION APPOINTMENT REQUEST				Perform every 1 day x1
	Appo		IENT BEQUEST	
Labs	Labs			
COMPREHENSIVE METABOLIC PANEL			ETABOLIC PANEL	
Interval: Occurrences:		Interval:	Occurrences:	

	Interval:	Occurrences:
	☑ MAGNESIUM LEVE	EL
	Interval:	Occurrences:
Outpa	tient Electrolyte Replace	
	TREATMENT CON Interval:	DITIONS 39 Occurrences:
	Comments:	<ul> <li>Potassium (Normal range 3.5 to 5.0mEq/L)</li> <li>o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP</li> <li>o Protocol applies only to same day lab value.</li> <li>o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP</li> <li>o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO</li> <li>o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO</li> <li>o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement</li> </ul>
		<ul> <li>o If patient meets criteria, order SmartSet called "Outpatient</li> <li>Electrolyte Replacement"</li> <li>o Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>
	TREATMENT CON	DITIONS 40
	Interval: Comments:	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>o Protocol applies only to same day lab value.</li> <li>o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesiu sulfate IV and contact MD/NP</li> <li>o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV</li> <li>o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium</li> </ul>
		sulfate IV o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
		<ul> <li>o If patient meets criteria, order SmartSet called "Outpatient</li> <li>Electrolyte Replacement"</li> <li>o Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>
Nursir	ng Orders	
	ONC NURSING CO	
	Interval: Comments:	Occurrences: Verify that patient took DEXAMETHASONE orally prior to chemothera Otherwise, please contact physician to order Dexamethasone IV.
Nursir	ng Orders	
	TREATMENT CON Interval: Comments:	DITIONS 7 Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS tha 100,000.
Line F	lush	
	<b>sodium chloride 0.</b> Dose: 20 mL	9 % flush 20 mL Route: intravenous PRN
	Start: S	

	sodium chloride 0.9 %						
	Dose: 250 mL	Route: intravenous	once @ 30 m	L/hr for 1 c	lose		
	Start: S						
	Instructions:						
	To keep vein open						
Pre-N	ledications						
	ondansetron (ZOFRA)	N) injection 8 mg					
	Dose: 8 mg	Route: intravenous	once for 1 do	se			
	Start: S	End: S 11:15 AM		00			
	O ondansetron (ZOFRA)	N) tablet 16 mg					
	Dose: 16 mg	Route: oral	once for 1 do	se			
	Start: S						
	ondansetron (ZOFRA)	N) 16 mg in dextrose 5%					
	<sup>O</sup> 50 mL IVPB	, 3					
	Dose: 16 mg	Route: intravenous	once over 15	Minutes for	or 1 dose		
	Start: S	End: S 11:00 AM					
	Ingredients:	Name	Туре	Dose		Adds Vol.	
		ONDANSETRON	Medications	16 mg	Main	No	
		HCL (PF) 4 MG/2 ML INJECTION			Ingredient		
		SOLUTION					
		DEXTROSE 5 % IN	Base	50 mL	Always	Yes	
		WATER (D5W)	Dase	50 IIIL	Always	103	
		INTRAVENOUS					
		SOLUTION					
Chem	otherapy						
onen	etoposide (TOPOSAR)	) 50 ma/m2 in sodium					
	chloride 0.9 % 500 mL						
	Dose: 50 mg/m2	Route: intravenous	once over 1 l	Hours for 1	dose		
			Offset: 30 Mi	nutes			
	Instructions:	0.00					
	Administer through a	0.22 micron filter and					
	non-PVC tubing set. Ingredients:	Name	Туре	Dose	Salactad	Adds Vol.	
	ingreatents.	ETOPOSIDE 20	Medications			Yes	
		MG/ML	Medications	50 mg/mz	Ingredient		
		INTRAVENOUS					
		SOLUTION					
		SODIUM	QS Base		Yes	Yes	
		CHLORIDE 0.9 % IV	/				
		SOLP					
		(EXCEL;NON-PVC)					
Hema	matology & Oncology Hypersensitivity Reaction Standing Order						
	ONC NURSING COMM						
	Interval:	Occurrences:	ma (autonaa	o and out	utopoore	umpton	
	Comments:	Grade 1 - MILD Sympto only – itching, flushing, j					
		1. Stop the infusion.		ina, 1a511, (	in running no	30)	
		2. Place the patient on c	continuous mo	nitorina.			
		3. Obtain vital signs.					
		4. Administer Normal Sa	aline at 50 mL	per hour u	sing a new	bag and new	
		intravenous tubing.			-	-	
		5. If greater than or equ					
		Diphenhydramine, admi	nister Diphenl	nydramine	25 mg intra	ivenous	
		Once.	o oinco the la	at doop of F	)inhonhudu	omine	
		6. If less than 30 minute administer Fexofenadine					
		auminister rexolenading	e roo nig orall	y and ram	oliume 20 I	ng	

intravenous once.

7. Notify the treating physician.

8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).

9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### **ONC NURSING COMMUNICATION 4**

Interval: -- Occurrences: --

Comments:

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.

2. Notify the CERT team and treating physician immediately.

- 3. Place the patient on continuous monitoring.
- 4. Obtain vital signs.

5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.

6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.

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).

9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

### **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. 3. Place the patient on continuous monitoring. 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. 6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%. 7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing. 8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once. 9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous. 10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. diphenhydrAMINE (BENADRYL) injection 25 mg PRN Dose: 25 mg Route: intravenous Start: S fexofenadine (ALLEGRA) tablet 180 mg Dose: 180 mg Route: oral PRN Start: S

Image: Data Start: S       Route: intravenous       PRN         Start: S       Projection e sodium succinate       (Solu-CORTEF) injection 100 mg         Dose: 100 mg       Route: intravenous       PRN         Start: S       epiNEPHrine (ADRENALIN) 1 mg10 mL ADULT       injection syring 0.3 mg         Dose: 0.3 mg       Route: intravenous       PRN         Start: S       epiNEPHrine (ADRENALIN) 1 mg10 mL ADULT       injection syring 0.3 mg         Dose: 0.3 mg       Route: intravenous       PRN         Start: S       Discharge Nursing Orders       OCNC NURSING COMMUNICATION 76         ONC NURSING COMMUNICATION 76       Interval:					
Does: 20 mg     Route: intravenous     PRN     Start: S     Hydrocortisone sodium succinate     (Solu-CORTEP) injection 100 mg     Does: 100 mg     Route: intravenous     PRN     dexamethasone (DECADRON) injection 4 mg     Does: 100 mg     Route: intravenous     PRN     dexamethasone (DECADRON) injection 4 mg     Does: 100 mg     Route: intravenous     PRN     Start: S     injection sympa 0.3 mg     Does: 10.3 mg     Does: 10.4 mg     Does     Does: 10.4 mg     Does: 10.4 mg     Does				20 mg/2 mL injection 20	
if (Solu-CoRTEF) injection 100 mg Dose: 100 mg         Route: intravenous         PRN           dexamethasone (DECADRON) injection 4 mg Dose: 4 mg         Boute: intravenous         PRN           Start: S         epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg         Disc: 0.3 mg           Dose: 0.3 mg         Route: subcutaneous         PRN           Start: S         Ox NURSING COMMUNICATION 76         Interval:			Dose: 20 mg	Route: intravenous	PRN
Dose: 100 mg       Route: infravenous       PRN         dexamethasone (DECADRON) injection 4 mg Dose: 4 mg       Route: infravenous       PRN         Start: 5       epiNEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syninge 0.3 mg Dose: 0.3 mg       Route: subcutaneous       PRN         Start: 5       Discharge Nursing Orders       Occurrences: Comments:       Discontinue IV.         Discharge Nursing Orders       Occurrences: Comments:       Discontinue IV.         Discharge Nursing Orders       Interval: Comments:       Discontinue IV.         Discharge Nursing Orders       Sodium chloride 0.9 % flush 20 mL Dose: 20 mL       Route: intravenous       PRN         Ø HEParin, porcine (PF) injection 500 Units Dose: 500 Units       Route: intra-catheter       once PRN Start: 5       Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.       Perform every 1 day x1         Appointment Requests       INFUSION APPOINTMENT REQUEST Interval:       Occurrences:       Occurrences:         Labs       COMPREHENSIVE METABOLIC PANEL Interval:       Occurrences:       Occurrences:         Ø COMPREHENSIVE METABOLIC PANEL Interval:       Occurrences:       Occurrences:       Occurrences:         Ø COMPREHENSIVE METABOLIC PANEL Interval:       Occurrences:       Occurrences:       Occurences: <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
Dose: 4 mg Route: Infravenous PRN Start: 5 epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg					PRN
Stat:: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.4 model:: subcutaneous PRN Stat:: S Discharge Nursing Orders ONC NURSING COMMUNICATION 76 Interval:					
injection syringe 0.3 mg       Route: subcutaneous       PRN         Dase: 0.3 mg       Route: subcutaneous       PRN         Start: S       Discharge Nursing Orders       OCC UNRENING COMMUNICATION 76         Interval:       Occurrences:       Comments:       Discontinue IV.         Discharge Nursing Orders       Image: Subcurrences:       PRN       Image: Subcurrences:         Image: Subcurrence (PF) injection 500 Units       Dose: 200 Units       Route: intra-catheter       once PRN         Star: S       Instructions:       Concernation: 100 units/mL. Heparin flush for       Image: Subcurrences:       Image: Subcurrences:         Interval:       Occurrences:       Interval:       Occurrences:       Image: Subcurrences:       Image: Subcurences:			Start: S		
Dose: 0.3 mg Route: subcutaneous PRN Start: S Discharge Nursing Orders OCK NURSING COMMUNICATION 76 Interval:					LT
ONC NURSING COMMUNICATION 76 Interval:       Occurrences:         Comments:       Discontinue IV.         Discharge Nursing Orders <ul> <li>sodium chloride 0.9 % flush 20 mL</li> <li>Dose: 20 mL</li> <li>Route: intravenous</li> <li>PRN</li> </ul> Discharge Nursing Orders <ul> <li>global 20 mL</li> <li>Route: intravenous</li> <li>PRN</li> </ul> Disce: 20 mL       Route: intra-catheter       once PRN         Star: 5       Instructions:       Concurrences:         Comments:       Dow: Dowits/mL. Heparin flush for Implanted Vascular Access Device maintenance.       Perform every 1 day x1         Appointment Requests         NFUSION APPOINTMENT REQUEST Interval:       Occurrences:         Labs             Occurrences:         COMPREHENSIVE METABOLIC PANEL Interval:               Interval:       Occurrences:               CBC WITH PLATELET AND DIFFERENTIAL Interval:               Interval:			Dose: 0.3 mg		PRN
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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					
Image: Solume chloride 0.9 % flush 20 mL       Dose: 20 mL       Route: intravenous       PRN         Image: Solum chloride 0.9 % flush 20 Units       Dose: 20 mL       Route: intravenous       PRN         Image: Solum chloride 0.9 % flush 20 Units       Dose: 500 Units       Route: intra-catheter       once PRN         Start: S       Instructions:       Concentration: 100 units/mL. Heparin flush for       Image: Solum chloride 0.9 % flush 20 mL         Implanted Vascular Access Device       maintenance.       Perform every 1 day x1         Appointment Requests       INFUSION APPOINTMENT REQUEST       Interval: -         Interval: -       Occurrences:       COMPREHENSIVE METABOLIC PANEL       Interval: -         Interval: -       Occurrences:       Cocurrences:       Cocurrences:         Interval: -       Occurrences:       Occurrences:       Cocurrences:         Interval: -       Occurrences:       Occurrences:       Cocurrences:         Interval: -       Occurrences:       Occurrences:       Comments:       Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP         0       Protocol applies only to same day lab value.       0       Protocol applies only to same day lab value.         0       Protocol applies only to same day lab value.       0       Serum potassium 8.3 to 3.4mEq/L, give 20					
Dose: 20 mL       Route: intravenous       PRN         Image: Dose: 20 mL       Route: intravenous       PRN         Image: Dose: 500 Units       Route: intra-catheter       once PRN         Start: S       Instructions:       Concentration: 100 units/mL. Heparin flush for         Implanted Vascular Accesss Device       maintenance.       Perform every 1 day x1         Appointment Requests       INFUSION APPOINTMENT REQUEST       Interval:       Occurrences:         Labs       Interval:       Occurrences:       Interval:       Occurrences:         Interval:       Occurrences:       Occurrences:       Occurrences:         Interval:       Occurrences:       Occurrences:       Occurrences:         Interval:       Occurrences:       Occurrences:       Occurrences:       Occurrences:		Disch	arge Nursing Orders		
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Dose: 500 Units       Route: intra-catheter       once PRN         Start: S       Instructions:       Concentration: 100 units/mL. Heparin flush for         Implanted Vascular Access Device       Implanted Vascular Access Device         Day 4       Perform every 1 day x1         Appointment Requests       InFUSION APPOINTMENT REQUEST         Interval:       Occurrences:         Labs       COMPREHENSIVE METABOLIC PANEL         Interval:       Occurrences:         C CK WITH PLATELET AND DIFFERENTIAL         Interval:       Occurrences:         MAGNESIUM LEVEL         Interval:       Occurrences:         Octupatient Electrolyte Replacement Protocol         TREATMENT CONDITIONS 39         Interval:       Occurrences:         Comments:       Potocol applies for SCr less than 1.5. Otherwise, contact MD/NP         0       Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO         0       Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO         0       Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO			Dose: 20 mL	Route: intravenous	PRN
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Labs          Comprehensive metabolic panel         Interval:       Occurrences:         CBC WITH PLATELET AND DIFFERENTIAL         Interval:       Occurrences:         MAGNESIUM LEVEL         Interval:       Occurrences:         Magnesium 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			INFUSION APPOINTM		
Image: Compression of the construction of the constener of the construction of the constructio		Lahe	interval	Occurrences	
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CBC WITH PLATELET AND DIFFERENTIAL         Interval:       Occurrences:         MAGNESIUM 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         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 and contact MD/NP					
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MAGNESIUM LEVEL       Occurrences:         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         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         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				_	
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         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         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					
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				Occurrences:	
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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			Interval:	Occurrences:	
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			Comments:		
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				MD/NP	
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 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO				PO and contact MD/NP	,
				o Serum potassiu	um 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO

		Electrolyte Replaceme	ts criteria, order SmartSet called "Outpatient ent" te replacement order as Per protocol: cosign
	TREATMENT CONDI Interval: Comments:	Occurrences: Magnesium (Normal r o Protocol appli MD/NP o Protocol appli o Serum Magne sulfate IV and contact o Serum Magne sulfate IV o Serum Magne sulfate IV o Serum Magne magnesium replaceme o If patient mee Electrolyte Replaceme	esium 1.0 to 1.2mEq/L, give 2 gram magnesium esium 1.3 to 1.5mEq/L, give 1 gram magnesium esium 1.6 mEq/L or greater, do not give ent ts criteria, order SmartSet called "Outpatient
Nursin	g Orders		
	<b>ONC NURSING COM</b> Interval: Comments:	Occurrences: Verify that patient took	CDEXAMETHASONE orally prior to chemotherapy tract physician to order Dexamethasone IV.
Nursin	ig Orders TREATMENT CONDI		
	Interval: Comments:	Occurrences:	ider if ANC LESS than 1000; Platelets LESS than
Line Fl	luch		
	sodium chloride 0.9 Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN
Hydrat			
.y arat	sodium chloride 0.9 Dose: 250 mL	% infusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 dose
	Start: S Instructions: To keep vein open		
Pre-Me	Instructions:		
Pre-Me	Instructions: To keep vein open	\N) injection 8 mg	
Pre-Me	Instructions: To keep vein open edications	<b>AN) injection 8 mg</b> Route: intravenous End: S 11:15 AM	once for 1 dose
Pre-Me	Instructions: To keep vein open edications ondansetron (ZOFRA Dose: 8 mg Start: S	Route: intravenous End: S 11:15 AM	once for 1 dose
Pre-Me	Instructions: To keep vein open edications ondansetron (ZOFRA Dose: 8 mg	Route: intravenous End: S 11:15 AM	once for 1 dose

	Dose: 16 mg Start: S Ingredients:	Route: intravenous End: S 11:00 AM Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION		Minutes fo <b>Dose</b> 16 mg 50 mL		<b>Adds Vol.</b> No Yes
Chome	otherapy					
Ghemic	etoposide (TOPOSAR) chloride 0.9 % 500 mL Dose: 50 mg/m2 Instructions: Administer through a non-PVC tubing set. Ingredients:	Chemo IVPB Route: intravenous 0.22 micron filter and Name ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	once over 1 H Offset: 30 Mir <b>Type</b> Medications	nutes Dose	<b>Selected</b> Main Ingredient	
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base '		Yes	Yes
Hemat	ology & Oncology Hyperser	sitivity Reaction Standing	Order			
nemau	ONC NURSING COMM	<ul> <li>IUNICATION 82</li> <li>Occurrences: Grade 1 - MILD Sympto only – itching, flushing, p</li> <li>1. Stop the infusion.</li> <li>2. Place the patient on c</li> <li>3. Obtain vital signs.</li> <li>4. Administer Normal Sa intravenous tubing.</li> <li>5. If greater than or equa Diphenhydramine, admi once.</li> <li>6. If less than 30 minute administer Fexofenading intravenous once.</li> <li>7. Notify the treating phy</li> <li>8. If no improvement afta (Moderate) or Grade 3 (</li> <li>9. Assess vital signs eve otherwise ordered by comparison</li> </ul>	ms (cutaneous periorbital eder continuous mo line at 50 mL al to 30 minute nister Diphenh s since the las a 180 mg orally vsician. er 15 minutes, Severe). ery 15 minutes	ma, rash, c nitoring. per hour us s since the nydramine 2 st dose of D y and Fam advance le until resolu	or runny no sing a new e last dose 25 mg intra Diphenhydra otidine 20 r evel of care	bag and new of venous amine, ng e to Grade 2
	Interval: Comments:	Occurrences: Grade 2 – MODERATE gastrointestinal sympton vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on c 4. Obtain vital sions.	ns – shortness phoresis, throa n and treating p	of breath, t or chest t ohysician ir	wheezing, ightness, a	nausea, bdominal or

<ul> <li>5. Administer Oxygen at 21. per minute via nasal canula. Thrate to maintain O2 saturation of grateries than or equal to 82%.</li> <li>6. Administer Pydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Doxamethasone 4 mg intravenous once.</li> <li>8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severa).</li> <li>9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> <li>ONC NURSING COMMUNICATION 83</li> <li>Interval:</li></ul>				
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.         3. Place the patient on continuous monitoring.       4. Obtain wital 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 flattered position.         6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 2%.         7. Administer Mortan Saline at 1000 mL, intravenous bolus using a new bag and new intravenous tubing.         8. Administer Flypropring (1):000.3 mg subcutaneous.         9. Administer Epinephring (1):000.3 mg subcutaneous.         10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         diphenhydrAMINE (BENADRYL) injection 25 mg         mg         Dose: 25 mg       Route: intravenous         PRN         Start: S         famotidine (PEPCID) 20 mg/2 mL injection 20 mg         Dose: 20 mg       Route: intravenous         PGN         Start: S         famotidine (PEPCDID) 20 mg/2 mL injection 120 mg			<ul> <li>maintain O2 saturation</li> <li>6. Administer Normal S</li> <li>new intravenous tubing</li> <li>7. Administer Hydrocort</li> <li>to Hydrocortisone, plea</li> <li>intravenous), Fexofena</li> <li>intravenous once.</li> <li>8. If no improvement af</li> <li>(Severe).</li> <li>9. Assess vital signs ev</li> </ul>	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
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.         3. Place the patient on continuous monitoring.       4. Obtain wital 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 flattered position.         6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 2%.         7. Administer Mortan Saline at 1000 mL, intravenous bolus using a new bag and new intravenous tubing.         8. Administer Flypropring (1):000.3 mg subcutaneous.         9. Administer Epinephring (1):000.3 mg subcutaneous.         10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         diphenhydrAMINE (BENADRYL) injection 25 mg         mg         Dose: 25 mg       Route: intravenous         PRN         Start: S         famotidine (PEPCID) 20 mg/2 mL injection 20 mg         Dose: 20 mg       Route: intravenous         PGN         Start: S         famotidine (PEPCDID) 20 mg/2 mL injection 120 mg		ONC NURSING COM	MUNICATION 83	
<ul> <li>compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)         <ol> <li>Notify the CERT team and treating physician immediately.</li> <li>Notify the CERT team and treating physician immediately.</li> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> </ol> </li> <li>So the infusion.         <ol> <li>Place the patient on continuous monitoring.</li> <li>Obtain vital signs.</li> </ol> </li> <li>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.</li> <li>Administer Oxygen 21 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Mydracorlisone 12 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>Administer Mydracorlisone 100 mg intravenous (if patient has allergy to Hydrocorlisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.</li> <li>Administer Epinephrine (1:1000) 0.3 mg subcutaneous.</li> <li>Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> <li>diphenhydrAMINE (BENADRYL) injection 25 mg</li> <li>Dose: 26 mg</li> <li>Route: intravenous PRN</li> <li>Start: 5</li> <li>famotidine (PEPCID) 20 mg/2 mL injection 20 mg</li> <li>Dose: 180 mg</li> <li>Route: intravenous PRN</li> <li>Start: 5</li> <li>hydrocortisone sodium succinate (Solu-CORTEF) injection 10 mg</li> <li>Dose: 20 mg</li> <li>Route: intravenous PRN</li> <li>Start: 5</li> <li>epiNtePHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg<!--</th--><th></th><th></th><th>_</th><th></th></li></ul>			_	
<ul> <li>3. Place the patient on continuous monitoring.</li> <li>4. Obtain vital signs.</li> <li>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.</li> <li>6. Administer Oxygen at 2 L per minute via nasal cannula. Tirate to maintain O2 saturation of greater than or equal to 92%.</li> <li>7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.</li> <li>8. Administer Hydrocortisone 100 mg intravenous bolus using a new bag and new intravenous ubing.</li> <li>8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.</li> <li>9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.</li> <li>10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ul>		Comments:	compromise – cyanosis with systolic blood pres loss of consciousness,	s or O2 saturation less than 92%, hypotension sure less than 90 mmHg, confusion, collapse,
<ul> <li>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.</li> <li>6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.</li> <li>8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.</li> <li>9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.</li> <li>10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ul>			3. Place the patient on	
<ul> <li>Administer Normal Salire at 1000 mL intravenous bolus using a new bag and new intravenous tubing.</li> <li>8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.</li> <li>9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.</li> <li>10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> <li>diphenhydrAMINE (BENADRYL) injection 25 mg</li> <li>Dose: 25 mg</li> <li>Route: intravenous</li> <li>PRN</li> <li>Start: S</li> <li>fexofenadine (ALLEGRA) tablet 180 mg</li> <li>Dose: 180 mg</li> <li>Route: oral</li> <li>PRN</li> <li>Start: S</li> <li>famotidine (PEPCID) 20 mg/2 mL injection 20 mg</li> <li>Dose: 20 mg</li> <li>Route: intravenous</li> <li>PRN</li> <li>Start: S</li> <li>famotidine (DECADRON) injection 4 mg</li> <li>Dose: 100 mg</li> <li>Route: intravenous</li> <li>PRN</li> <li>Start: S</li> <li>hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg</li> <li>Dose: 4 mg</li> <li>Route: intravenous</li> <li>PRN</li> <li>Start: S</li> <li>epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syring 0.3 mg</li> <li>Dose: 0.3 mg</li> <li>Route: subcutaneous</li> <li>PRN</li> </ul>			<ul><li>5. If heart rate is less th</li><li>less than 90/50 mmHg,</li><li>6. Administer Oxygen a</li></ul>	place patient in reclined or flattened position. It 2 L per minute via nasal cannula. Titrate to
bag and new intravenous tubing. 8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once. 9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous. 10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. diphenhydrAMINE (BENADRYL) injection 25 mg Dose: 25 mg Route: intravenous PRN Start: S famotidine (ALLEGRA) tablet 180 mg Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN Start: S epiNEPThrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S				
to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once. 9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous. 10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.			bag and new intravenor	us tubing.
diphenhydrAMINE (BENADRYL) injection 25 mg         Dose: 25 mg       Route: intravenous       PRN         Start: S       fexofenadine (ALLEGRA) tablet 180 mg       Pose: 180 mg       Route: oral       PRN         Dose: 180 mg       Route: oral       PRN       Start: S       famotidine (PEPCID) 20 mg/2 mL injection 20 mg         Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate         (Solu-CORTEF) injection 100 mg       Dose: 100 mg       Route: intravenous       PRN         Dose: 100 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate         (Solu-CORTEF) injection 100 mg       Dose: 100 mg       Route: intravenous       PRN         Start: S       epiNEPHrine (ADRENALIN) 1 mg/10 mL ADULT       injection syringe 0.3 mg       Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       Start: S       Start: S       PRN       Start: S       PRN			to Hydrocortisone, plea and Famotidine 20 mg 9. Administer Epinephri 10. Assess vital signs e	se administer Dexamethasone 4 mg intravenous) intravenous once. ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or
mg       Dose: 25 mg       Route: intravenous       PRN         Start: S       fexofenadine (ALLEGRA) tablet 180 mg       PRN         Dose: 180 mg       Route: oral       PRN         Start: S       famotidine (PEPCID) 20 mg/2 mL injection 20 mg       Dose: 20 mg         Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg       PRN         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       Pose: 4 mg       Route: intravenous         Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT       injection syringe 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       Start: S       PRN			otherwise ordered by co	overing physician.
mg       Dose: 25 mg       Route: intravenous       PRN         Start: S       fexofenadine (ALLEGRA) tablet 180 mg       PRN         Dose: 180 mg       Route: oral       PRN         Start: S       famotidine (PEPCID) 20 mg/2 mL injection 20 mg       Dose: 20 mg         Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg       PRN         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       Pose: 4 mg       Route: intravenous         Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT       injection syringe 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       Start: S       PRN		diphenhydrAMINE (B	ENADRYL) injection 25	
Start: S       fexofenadine (ALLEGRA) tablet 180 mg         Dose: 180 mg       Route: oral       PRN         Start: S       famotidine (PEPCID) 20 mg/2 mL injection 20 mg         mg       Dose: 20 mg       Route: intravenous       PRN         Start: S       famotidine (PEPCID) 20 mg/2 mL injection 20 mg/2 mL injection 20 mg       Dose: 20 mg       Route: intravenous         Dose: 20 mg       Route: intravenous       PRN       Start: S       Start: S         hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg       Dose: 100 mg       Route: intravenous       PRN         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT       Injection syringe 0.3 mg       Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       Start: S       Start: S       Start: S       Start: S       Start: S		mg	, ,	
Dose: 180 mg       Route: oral       PRN         Start: S       famotidine (PEPCID) 20 mg/2 mL injection 20 mg         mg       Dose: 20 mg       Route: intravenous         Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate       (Solu-CORTEF) injection 100 mg         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       Dose: 4 mg       Route: intravenous         Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT       injection syringe 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN		Start: S		PRN
mg       Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate       (Solu-CORTEF) injection 100 mg       PRN         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT       PRN         Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       Start: S		Dose: 180 mg		PRN
Dose: 20 mg       Route: intravenous       PRN         Start: S       hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg       pose: 100 mg         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg       pose: 4 mg       Route: intravenous         Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg       pose: 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN			20 mg/2 mL injection 20	
(Solu-CORTEF) injection 100 mg         Dose: 100 mg       Route: intravenous       PRN         dexamethasone (DECADRON) injection 4 mg         Dose: 4 mg       Route: intravenous       PRN         Start: S         epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT         injection syringe 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S		Dose: 20 mg	Route: intravenous	PRN
Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT         injection syringe 0.3 mg       Dose: 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       PRN		(Solu-CORTEF) inject	tion 100 mg	PRN
Dose: 4 mg       Route: intravenous       PRN         Start: S       epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT         injection syringe 0.3 mg       Dose: 0.3 mg         Dose: 0.3 mg       Route: subcutaneous       PRN         Start: S       PRN		dexamethasone (DFC	ADBON) injection 4 mg	
injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S		Dose: 4 mg Start: S	Route: intravenous	PRN
Dose: 0.3 mg Route: subcutaneous PRN Start: S				LT
Discharge Nursing Orders		Dose: 0.3 mg		PRN
	Discl			
ONC NURSING COMMUNICATION 76		ONC NURSING COM	MUNICATION 76	

	Interval: Comments:	Occurrences: Discontinue IV.
Discha	arge Nursing Orders	
	✓ sodium chloride 0.9 %	6 flush 20 mL
	Dose: 20 mL	Route: intravenous PRN
	2000.20 m2	
	☑ HEParin, porcine (PF)	-
	Dose: 500 Units Start: S	Route: intra-catheter once PRN
	Instructions:	
	Concentration: 100 u Implanted Vascular A	nits/mL. Heparin flush for
	maintenance.	
5		Perform every 1 day x
Appoir	ntment Requests INFUSION APPOINTM	ENT REQUEST
	Interval:	Occurrences:
Labs		
		ETABOLIC PANEL
	Interval:	Occurrences:
	CBC WITH PLATELET	
-	Interval:	Occurrences:
	☑ MAGNESIUM LEVEL	
0.1	Interval:	Occurrences:
Outpa	tient Electrolyte Replaceme TREATMENT CONDIT	
	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
		<ul> <li>Protocol applies only to same day lab value.</li> <li>Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or</li> </ul>
		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
		replacement o If patient meets criteria, order SmartSet called "Outpatient
		Electrolyte Replacement"
		o Sign electrolyte replacement order as Per protocol: cosign
		required
	TREATMENT CONDIT	
	Interval: Comments:	Occurrences: 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 magnesiur
		sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2mFg/L give 2 gram magnesium
		sulfate IV
		o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium
		o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
		sulfate IV

		<ul> <li>Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement</li> <li>If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"</li> <li>Sign electrolyte replacement order as Per protocol: cosign required</li> </ul>				
Nursing (	Orders ONC NURSING COMM Interval: Comments:	UNICATION 8 Occurrences: Verify that patient took I Otherwise, please conta				
Nursing (	Orders					
	TREATMENT CONDITIOn Interval: Comments:	ONS 7 Occurrences: HOLD and notify provide 100,000.	er if ANC LES	S than 100	0; Platelets	LESS that
Line Flus	h					
	<b>sodium chloride 0.9 %</b> Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN			
Hydration						
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open	Infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
Pre-Medi						
	Cations					
	ondansetron (ZOFRAN	l) injection 8 mg				
(		I) injection 8 mg Route: intravenous End: S 11:15 AM	once for 1 do	se		
	ondansetron (ZOFRAN	Route: intravenous End: S 11:15 AM	once for 1 dos	se		
	ondansetron (ZOFRAN Dose: 8 mg Start: S	Route: intravenous End: S 11:15 AM	once for 1 dos			
	<ul> <li>ondansetron (ZOFRAN</li> <li>Dose: 8 mg</li> <li>Start: S</li> <li>ondansetron (ZOFRAN</li> <li>Dose: 16 mg</li> <li>Start: S</li> <li>ondansetron (ZOFRAN</li> </ul>	Route: intravenous End: S 11:15 AM I) tablet 16 mg	once for 1 do			
C	<ul> <li>ondansetron (ZOFRAN Dose: 8 mg Start: S</li> <li>ondansetron (ZOFRAN Dose: 16 mg Start: S</li> <li>ondansetron (ZOFRAN</li> </ul>	Route: intravenous End: S 11:15 AM I) tablet 16 mg Route: oral I) 16 mg in dextrose 5% Route: intravenous End: S 11:00 AM Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION	once for 1 dos once over 15 <b>Type</b>	se	Selected	No
C	<ul> <li>ondansetron (ZOFRAN Dose: 8 mg Start: S</li> <li>ondansetron (ZOFRAN Dose: 16 mg Start: S</li> <li>ondansetron (ZOFRAN 50 mL IVPB Dose: 16 mg Start: S</li> </ul>	Route: intravenous End: S 11:15 AM I) tablet 16 mg Route: oral I) 16 mg in dextrose 5% Route: intravenous End: S 11:00 AM Name ONDANSETRON HCL (PF) 4 MG/2	once for 1 do once over 15 <b>Type</b> Medications	se Minutes fo <b>Dose</b>	<b>Selected</b> Main Ingredient	No
C	<ul> <li>ondansetron (ZOFRAN Dose: 8 mg Start: S</li> <li>ondansetron (ZOFRAN Dose: 16 mg Start: S</li> <li>ondansetron (ZOFRAN 50 mL IVPB Dose: 16 mg Start: S Ingredients:</li> </ul>	Route: intravenous End: S 11:15 AM I) tablet 16 mg Route: oral I) 16 mg in dextrose 5% Route: intravenous End: S 11:00 AM Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	once for 1 do once over 15 <b>Type</b> Medications	se Minutes fo <b>Dose</b> 16 mg	Selected Main Ingredient	No
C	<ul> <li>ondansetron (ZOFRAN Dose: 8 mg Start: S</li> <li>ondansetron (ZOFRAN Dose: 16 mg Start: S</li> <li>ondansetron (ZOFRAN 50 mL IVPB Dose: 16 mg Start: S Ingredients:</li> </ul>	Route: intravenous End: S 11:15 AM I) tablet 16 mg Route: oral I) 16 mg in dextrose 5% Route: intravenous End: S 11:00 AM Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	once for 1 do once over 15 <b>Type</b> Medications	se Minutes fo <b>Dose</b> 16 mg 50 mL	Selected Main Ingredient Always	No

	non-PVC tubing set. Ingredients:	<b>Name</b> ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	<b>Type</b> Medications	<b>Dose</b> 50 mg/m2	Main Ingredient	
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base /		Yes	Yes
Hematolog		sitivity Reaction Standing	g Order			
	ONC NURSING COMM					
	Interval: Comments:	Occurrences: Grade 1 - MILD Sympto only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on o 3. Obtain vital signs. 4. Administer Normal Sa intravenous tubing. 5. If greater than or equa Diphenhydramine, admi once. 6. If less than 30 minute administer Fexofenading intravenous once. 7. Notify the treating phy 8. If no improvement aft (Moderate) or Grade 3 ( 9. Assess vital signs even	continuous mo aline at 50 mL al to 30 minute nister Diphenh s since the las e 180 mg orall ysician. er 15 minutes, Severe). ery 15 minutes	ma, rash, o nitoring. per hour us s since the nydramine 2 st dose of D y and Fame advance le s until resolu	or runny no sing a new last dose 25 mg intra Diphenhydra otidine 20 r	se) bag and new of avenous amine, mg e to Grade 2
_	ONC NURSING COMM			un.		
	Interval: Comments:	Occurrences: Grade 2 – MODERATE gastrointestinal symptom vomiting, dizziness, diap back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocorti to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	ns – shortness shoresis, throa and treating continuous mo t 2 L per minut of greater than aline at 150 ml isone 100 mg se administer I line 180 mg or er 15 minutes,	s of breath, t or chest t ohysician ir nitoring. e via nasal or equal to per hour t intravenous Dexametha ally and Fa advance le	wheezing, ightness, a mmediately cannula. T 92%. using a new s (if patient sone 4 mg motidine 2 evel of care	nausea, abdominal or /. Fitrate to w bag and t has allergy 20 mg e to Grade 3
	ONC NURSING COMM	9. Assess vital signs even otherwise ordered by co			ution of Syr	nptoms or
	Interval: Comments:	Occurrences: Grade 3 – SEVERE Syr compromise – cyanosis with systolic blood press loss of consciousness.	or O2 saturati sure less than	on less tha 90 mmHg,	n 92%, hyp	ootension

			<ol> <li>Place the patient on of</li> <li>Obtain vital signs.</li> <li>If heart rate is less th</li> <li>less than 90/50 mmHg,</li> <li>Administer Oxygen a</li> <li>maintain O2 saturation of</li> <li>Administer Normal Sabag and new intravenou</li> <li>Administer Hydrocort</li> <li>to Hydrocortisone, pleas</li> <li>and Famotidine 20 mg i</li> <li>Administer Epinephri</li> </ol>	an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 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 is tubing. isone 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 (BI	ENADRYL) injection 25	
		<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	PRN
		fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
			20 mg/2 mL injection 20	
		mg		DDN
		Dose: 20 mg Start: S	Route: intravenous	PRN
		hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN
		<b>dexamethasone (DEC</b> Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
		epINEPHrine (ADREN injection syringe 0.3 r	ALIN) 1 mg/10 mL ADUI	.T
		Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN
	Disch	arge Nursing Orders		
		ONC NURSING COMM Interval:	IUNICATION 76 Occurrences:	
		Comments:	Discontinue IV.	
	Disch	arge Nursing Orders		
		✓ sodium chloride 0.9 %	flush 20 mL	
		Dose: 20 mL	Route: intravenous	PRN
		☑ HEParin, porcine (PF)	injection 500 Units	
		Dose: 500 Units Start: S Instructions: Concentration: 100 u	Route: intra-catheter	once PRN
		Implanted Vascular A maintenance.	CCESS DEVICE	
Г	Day 8			Perform every 1 day x1
		ntment Requests		

	INFUSION APPOINTN Interval:	Occurrences:
Labs		
	COMPREHENSIVE MI	ETABOLIC PANEL
	Interval:	Occurrences:
		۲ AND DIFFERENTIAL
	Interval:	Occurrences:
	☑ MAGNESIUM LEVEL	
	Interval:	Occurrences:
Outpa	tient Electrolyte Replaceme TREATMENT CONDIT	
	Interval: 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       Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO         o       Serum potassium 3.0 to 3.4mEq/L, give 20mEq KCL IV or PO         o       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 CONDIT Interval: Comments:	Occurrences: 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
Nursir	ng Orders	
	ONC NURSING COMM Interval: Comments:	Occurrences: Verify that patient took DEXAMETHASONE orally prior to chemotherapy Otherwise, please contact physician to order Dexamethasone IV.
Nursir	ng Orders	
	TREATMENT CONDIT	IONS 7 Occurrences:

Line F						
	<b>sodium chloride 0.9</b> % Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
Pre-H	/dration					
	sodium chloride 0.9 %	% infusion 1,000 mL				
	Dose: 1,000 mL Start: S	Route: intravenous	once @ 500 i	mL/hr for 1	dose	
Pre-M	edications					
	palonosetron (ALOXI)	) injection 0.25 mg				
	Dose: 0.25 mg Start: S	Route: intravenous End: S 1:45 PM	once for 1 do	se		
		ADRON) 12 mg in sodiu	m			
	Chloride 0.9% IVPB Dose: 12 mg Start: S	Route: intravenous	once over 15	Minutes fo	or 1 dose	
	Ingredients:	<b>Name</b> DEXAMETHASONE 4 MG/ML INJECTION	<b>Type</b> Medications	<b>Dose</b> 12 mg	Selected Main Ingredient	Adds Vol. Yes
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	aprepitant (CINVANT					
	✓ (NON-PVC) 5% 130 m Dose: 130 mg	L IVPB Route: intravenous	once over 30	Minutes fo	or 1 dose	
	Start: S Ingredients:	End: S Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	<b>Type</b> Medications	<b>Dose</b> 130 mg	<b>Selected</b> Main Ingredient	<b>Adds Vol.</b> Yes
		DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base /	130 mL	No	Yes
		ron (AKYNZEO) 300-0.5				
	<ul> <li>mg per capsule 1 cap</li> <li>Dose: 1 capsule</li> <li>Start: S</li> <li>Instructions:</li> <li>Administer approxim</li> </ul>	Route: oral End: S 5:30 PM	once for 1 do	se		
	chemotherapy.					
	ondansetron (ZOFRA (DECADRON) in sodi IVPB					
	Dose: Start: S	Route: intravenous End: S 11:42 AM	once over 15	Minutes fo	or 1 dose	

Ingredients:         Name         Type         Dose         Selected         Add Vol.           ONDANSETROM         Medications         Yes         No           HQL 2 MG/ML         NAMETHASONE Medications         Yes         No           ODEXAMETHASONE Medications         Yes         No         4           MG/ML         NAMETHASONE Medications         Yes         No           AffMile         Mile Medications         Yes         No           AffMile         Market MASONE Medications         Yes         No           SOLUTION         SOLUTION         Base         50 ml.         Always         Yes           SOLUTION         DEXTROSE 5% IN Base         No         Yes         Yes         Market Rick           Chemotherapy         Route: Intravenous         once over 2 Hours for 1 dose         Offset: 2 Hours         Offset: 2 Hours         Main         Yes           Ingredients:         Name         Type         Dose         Selected Adds Vol.         Solutrion           SOLUTION         SOLUTION         OS Base         Yes         Yes         Main         Yes           MG/ML         Ingredient         MG/ML         Ingredient         Mileitations         Solutrion           SO						
4 MG/ML INVECTION SODUM       Base       50 mL       Always       Yes         CHLORIDE 0.9 % INTRAVENOUS SOLUTION       EXTROSE 5 % IN       Base       No       Yes         Clear Contraction       SOLUTION       Description       Once over 2 Hours for 1 dose         Dose: 50 mg/m2       Route: intravenous       Once over 2 Hours for 1 dose       Offset: 2 Hours         Ingredients:       Name       Type       Dose       Selected Adds Vol.         MG/ML       INTRAVENOUS       SOLUTION       SOLUTION       SOLUTION         SOLUTION       SOLUTION       OS Base       Yes       Yes         VATER (DSW)       INTRAVENOUS       SOLUTION       SOLUTION         VATER (DSW)       INTRAVENOUS       SOLUTION       SOLUTION         VATER (DSW)       INTRAVENOUS       SOLUTION       SOLUTION         VATER (DSW)       INTRAVENOUS       SOLUTION       Yes         VATER (DSW)       INTRAVENOUS       SOLUTION       Yes	Ingredients:	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	Dose	Yes	No
CH-LORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base       No       Yes         Chemotherapy       CiSplatin (PLATINOL) 50 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB Dose: 500 mg/m2       once over 2 Hours for 1 dose Offset: 2 Hours Type       Dose         Ingredients:       Name       Type       Dose       Selected Adds Vol.         Ingredients:       Name       Type       Dose       Selected Adds Vol.         INTRAVENOUS SOLUTION       Solution       Ingredient       Ingredient         INTRAVENOUS SOLUTION       QS Base       Yes       Yes         VMATER (DSW) INTRAVENOUS SOLUTION       QS Base       No       Yes         VMATER (DSW) INTRAVENOUS SOLUTION       Occurrences:       Occurrences:       Occurrences:         Comments:       Occurrences:       Occurrences:       Occurrences:         Comments:       Occurrences:       Child Signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.       5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine, administer Diphenhydramine, administer Diphenhydramine, administer Diphenhydramine, administer Organization.       8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severo).       9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         ONC NUR		4 MG/ML INJECTION	Medications		Yes	INO
DEXTROSE 5 % IN Base       No       Yes         WATER (DSW) INTRAVENOUS SOLUTION       SOLUTION         Chemotherapy       ClSplatin (PLATINOL) 50 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB       once over 2 Hours for 1 dose Offset: 2 Hours         Dose: 50 mg/m2       Route: intravenous       once over 2 Hours for 1 dose Offset: 2 Hours         Ingredients:       Name       Type       Dose       Selected Adds Vol.         INTRAVENOUS SOLUTION       USPLATIN 1       Medications 50 mg/m2 Main       Yes         VEX       NTRAVENOUS SOLUTION       SO Base       Yes       Yes         SOULTION       SOULTION       SOULTION       DEXTROSE 5 % IN QS Base       No       Yes         WATER (DSW) INTRAVENOUS SOLUTION       SOULTION       DEXTROSE 5 % IN QS Base       No       Yes         VATER (DSW) INTRAVENOUS SOLUTION       SOULTION       SOULTION       Yes       Yes         VATER (DSW) INTRAVENOUS SOLUTION       SOULTION       SOULTION       Yes       Yes         VATER (DSW) INTRAVENOUS SOLUTION       SOULTION       SOULTION       Yes         VATER (DSW) INTRAVENOUS SOLUTION       SOURTION 82       Yes       Yes         Interval: -       Occurrences:       Comments:       Grade 1 - MILD Symptoms (outaneous and subcutaneous symptoms only - itching, flushing, pe		CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Always	Yes
Chemotherapy         CISplatin (PLATINOL) 50 mg/m2 in sodium chioride 0.9 % 500 mL chemo IVPB         Dose: 50 mg/m2       Route: intravenous Crifset: 2 Hours Ingredients:       once over 2 Hours for 1 dose Offset: 2 Hours         Ingredients:       Name CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SODIUM SODUM OCS Base       Dose Selected Adds Vol.         Version       CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SOLUTION SOLUTION DEXTROSE 5 % IN QS Base       Yes         Yes       Yes       Yes         Version       December 2000 (HURRAVENOUS) SOLUTION       No         Yes       Yes       Yes         Version       DEXTROSE 5 % IN QS Base       No         Yes       Yes       Yes         WATER (DSW) INTRAVENOUS SOLUTION       SOLUTION       Version         Hematology & Oncology Hypersensitivity Reaction Standing Order       Once nurspinde Communication Standing Order         ONC NURSING COMMUNICATION 82       Interval:       Occurrences:         Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose)       1. Stop the influsion.         2. Place the patient on continuous monitoring.       3. Obtain vital signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous burg.         5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, admin		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base		No	Yes
CISplatin (PLATINCL) 50 mg/m2 in sodium chioride 0.9 % 500 mL chemo IVPB       once over 2 Hours for 1 dose Offset: 2 Hours         Dose: 50 mg/m2       Route: intravenous CISPLATIN 1       once over 2 Hours for 1 dose Offset: 2 Hours         Ingredients:       Name CISPLATIN 1       Medications 50 mg/m2 Main Yes Ingredient         INTRAVENOUS SOLUTION SODIUM       QS Base       Yes Yes         SOLUTION SODIUM       QS Base       Yes Yes         SOLUTION SOLUTION       SOLUTION       SOLUTION         SOLUTION       SOLUTION       SOLUTION         SOLUTION       SOLUTION       SOLUTION         Nor CNURSING COMMUNICATION 82       No       Yes         Interval:       Occurrences:       Concology Hypersensitivity Reaction Standing Order         ONC NURSING COMMUNICATION 82       No       No         Interval:       Occurrences:       Conments:         Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose)       1. Stop the influsion.         2. Place the patient on continuous monitoring.       3. Obtain vital signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.         5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.       6. If less than 30 minutes since the last dose of Diph	Chamatharany					
chioride 0.9 % 500 mL chemo IVPB       Once over 2 Hours for 1 dose Offset: 2 Hours         Ingredients:       Name       Type       Dose       Selected Adds Vol.         Ingredients:       Name       Type       Dose       Selected Adds Vol.         Ingredients:       Name       Type       Dose       Selected Adds Vol.         Ingredients:       NG/ML       Ingredient       Ingredient         NG/ML       Ingredient       Ingredient       Ingredient         SODUIM       QS Base       Yes       Yes         SODUTION       SODUTION       SODUTION       DEXTROSE 5 % IN QS Base       No         Yes       WATER (D5W)       INTRAVENOUS       SOLUTION         SOLUTION       DEXTROSE 5 % IN QS Base       No       Yes         WATER (D5W)       INTRAVENOUS       SOLUTION         SOLUTION       DEXTROSE - % IN QS Base       No       Yes         Mathematical Standing Order       Occurrences:       Comments:       Carde 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose)       1. Stop the influsion.       2. Place the patient on continuous monitoring.       3. Obtain vital signs.         .4       Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.       5. If gr		50 mg/m2 in sodium				
Offset: 2 Hours         Ingredients:       Name       Type       Dose       Selected Adds Vol.         Ingredients:       CISPLATIN 1       Medications 50 mg/m2 Main       Yes         MG/ML       Ingredient       Ingredient       Ingredient         INTRAVENOUS       SOLUTION       SOBUM       QS Base       Yes       Yes         SOLUTION       SOLUTION       DEXTROSE 5 % IN QS Base       No       Yes         WATER (DSW)       INTRAVENOUS       SOLUTION       DEXTROSE 5 % IN QS Base       No       Yes         WATER (DSW)       INTRAVENOUS       SOLUTION       DEXTROSE 5 % IN QS Base       No       Yes         Hematology & Oncology Hypersensitivity Reaction Standing Order       Occurrences:       Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose)       1. Stop the infusion.       2. Place the patient on continuous monitoring.       3. Obtain vital signs.         4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.       5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.       6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.       7. Notify the treating physician.         8. If no improvemen						
CISPLATIN 1 Medications 50 mg/m2 Main Yes MG/ML Ingredient INTRAVENOUS SOLUTION SODIUM QS Base Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base No Yes WATER (D5W) INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base No Yes WATER (D5W) INTRAVENOUS SOLUTION Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion. 2. Place the patient on continuous monitoring. 3. Obtain vital signs. 4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once. 6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. 8. If no improvement after 15 minutes until resolution of symptoms or otherwise ordered by covering physician.	-		Offset: 2 Hou	rs		
CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN QS Base       No       Yes         WATER (D5W) INTRAVENOUS SOLUTION       DEXTROSE 5 % IN QS Base       No       Yes         Hematology & Oncology Hypersensitivity Reaction Standing Order       Occurrences:       Conc NURSING COMMUNICATION 82         Interval:       Occurrences:       Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)         1. Stop the infusion.       2. Place the patient on continuous monitoring.       3. Obtain vital signs.         4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.       5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.         6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.       7. Notify the treating physician.         8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).       9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         ONC NURSING COMMUNICATION 4 Interval:       Occurrences:	ingreaients:	CISPLATIN 1 MG/ML INTRAVENOUS			Main	Yes
WATER (D5W) INTRAVENOUS SOLUTION         Hematology & Oncology Hypersensitivity Reaction Standing Order         ONC NURSING COMMUNICATION 82         Interval:       Occurrences:         Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)         1. Stop the infusion.       2. Place the patient on continuous monitoring.         3. Obtain vital signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.         5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.         6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.         7. Notify the treating physician.         8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).         9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         8. If no improvement after 15 minutes until resolution of symptoms or otherwise ordered by covering physician.		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION				
ONC NURSING COMMUNICATION 82         Interval:       Occurrences:         Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)         1. Stop the infusion.       2. Place the patient on continuous monitoring.         3. Obtain vital signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.         5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.         6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.         7. Notify the treating physician.         8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).         9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         ONC NURSING COMMUNICATION 4         Interval:       Occurrences:		WATER (D5W) INTRAVENOUS	QS Base		No	Yes
ONC NURSING COMMUNICATION 82         Interval:       Occurrences:         Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)         1. Stop the infusion.       2. Place the patient on continuous monitoring.         3. Obtain vital signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.         5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.         6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.         7. Notify the treating physician.         8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).         9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         ONC NURSING COMMUNICATION 4         Interval:       Occurrences:	Hematology & Oncology Hypersens	sitivity Reaction Standing	Order			
Comments:       Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)         1. Stop the infusion.       2. Place the patient on continuous monitoring.         3. Obtain vital signs.       4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.         5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.         6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.         7. Notify the treating physician.         8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).         9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         ONC NURSING COMMUNICATION 4         Interval:       Occurrences:	ONC NURSING COMM	UNICATION 82				
<ul> <li>4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.</li> <li>5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.</li> <li>6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.</li> <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> <li>9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ul>		Grade 1 - MILD Sympton only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on c	periorbital ede	ma, rash, o		
Diphenhydramine, administer Diphenhydramine 25 mg intravenous once. 6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once. 7. Notify the treating physician. 8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. ONC NURSING COMMUNICATION 4 Interval: Occurrences:		4. Administer Normal Sa intravenous tubing.		•	•	0
<ul> <li>6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.</li> <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> <li>9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.</li> </ul>		Diphenhydramine, admi				
7. Notify the treating physician.         8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).         9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.         ONC NURSING COMMUNICATION 4 Interval:         Occurrences:		administer Fexofenadine				
otherwise ordered by covering physician.         ONC NURSING COMMUNICATION 4         Interval:       Occurrences:		<ol> <li>Notify the treating phy</li> <li>If no improvement after</li> </ol>	er 15 minutes,	advance le	evel of care	e to Grade 2
Interval: Occurrences:					ution of syr	nptoms or
Interval: Occurrences:	ONC NURSING COMM	UNICATION 4				
Comments: Grade 2 – MODERATE Symptoms (cardiovascular. respiratory. or	Interval:	Occurrences:				
	Comments:	Grade 2 – MODERATE	Svmptoms (ca	ardiovascul	ar. respirat	orv. or

gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.

2. Notify the CERT team and treating physician immediately.

3. Place the patient on continuous monitoring.

4. Obtain vital signs.

5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.

6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.

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).

9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### **ONC NURSING COMMUNICATION 83**

Interval:	Occurrences:				
Comments:	compromise – cyanosis	nptoms (hypoxia, hypotension, or neurologic or O2 saturation less than 92%, hypotension sure less than 90 mmHg, confusion, collapse, or incontinence)			
		n and treating physician immediately. continuous monitoring.			
	<ul> <li>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.</li> <li>6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.</li> <li>7. Administer Normal Saline at 1000 mL intravenous bolus using a new</li> </ul>				
	bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i	is tubing. isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous)			
		very 15 minutes until resolution of symptoms or			
mg	ENADRYL) injection 25				
Dose: 25 mg Start: S	Route: intravenous	PRN			
fexofenadine (ALLEG	,				
Dose: 180 mg Start: S	Route: oral	PRN			
	20 mg/2 mL injection 20				
<b>mg</b> Dose: 20 mg Start: S	Route: intravenous	PRN			
hydrocortisone sodiu (Solu-CORTEF) injecti Dose: 100 mg		PRN			
ç					
dexamethasone (DEC Dose: 4 mg	ADRON) injection 4 mg Route: intravenous	PRN			

	Start: S		
		ALIN) 1 mg/10 mL ADU	I T
	injection syringe 0.3		
	Dose: 0.3 mg Start: S	Route: subcutaneous	PRN
Post-	Hydration		
	$\odot$ sodium chloride 0.9 $\%$	6 infusion 1,000 mL	
	Dose: 1,000 mL	Route: intravenous	once @ 500 mL/hr for 1 dose Offset: 4 Hours
	Instructions: Following chemother	ару.	
Disch	arge Nursing Orders		
	ONC NURSING COM		
	Interval: Comments:	Occurrences: Discontinue IV.	
	Comments.	Discontinue IV.	
Disch	arge Nursing Orders		
	🗹 sodium chloride 0.9 %	6 flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (PF)	injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
	Concentration: 100 u Implanted Vascular A maintenance.	inits/mL. Heparin flush foi Access Device	