OP DURVALUMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: DURVALUMAB, IMFINZI, UROTHELIAL, NON, NSCL, LUNG

Dose 1	Repeat 1	time	Cycle length: 14 days	
Day 1	interest Description			Perform every 1 day x1
Appo	ointment Requests INFUSION APPOINTM	ENT REQUEST		
	Interval:	Occurrences:		
Labs	3			
	∠ CBC WITH PLATELET	AND DIFFERENTIAL		
	Interval:	Occurrences:		
	☑ COMPREHENSIVE ME	TABOLIC PANEL		
	Interval:	Occurrences:		
	☑ MAGNESIUM LEVEL			
	Interval:	Occurrences:		
	☑ THYROID STIMULATIN	IG HORMONE		
	Interval:	Occurrences:		
	☑ T3, FREE			
	Interval:	Occurrences:		
	☑ T4, FREE			
	Interval:	Occurrences:		
	□ LDH			
	Interval:	Occurrences:		
	☐ URIC ACID LEVEL			
	Interval:	Occurrences:		
Outp	atient Electrolyte Replacemen			
	TREATMENT CONDIT	ONS 39 Occurrences:		
	Comments:	Potassium (Normal range	3.5 to 5.0mEq/L)	
		o Protocol applies f MD/NP	or SCr less than 1.5. O	therwise, contact
			only to same day lab va	lue.
			less than 3.0mEq/L, gi	ve 40mEq KCL IV or
		PO and contact MD/NP o Serum potassium	3.0 to 3.2mEq/L, give	40mEq KCL IV or PO
			3.3 to 3.4mEq/L, give	
		o Serum potassium replacement	3.5 mEq/L or greater,	do not give potassium
		o If patient meets c	riteria, order SmartSet	called "Outpatient
		Electrolyte Replacement" o Sign electrolyte re	eplacement order as Pe	er protocol: cosian
		required	,	,
	TREATMENT CONDIT	ONS 40		
	Interval:	Occurrences:		
	Comments:	Magnesium (Normal rang	e 1.6 to 2.6mEq/L) for SCr less than 1.5. O	therwise contact
		TIOLOGOI ADDITES I	UI JUI IESS IIIAII 1.3. U	ITIET WISE, COITEAGE

MD/NP

Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

TREATMENT CONDITIONS 11

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Chemotherapy

durvalumab (IMFINZI) 10 mg/kg in sodium chloride 0.9% 250 mL IVPB

Dose: 10 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Start: S End: S

Instructions:

Administer intravenously via a 0.2 to 0.22 micron low protein binding in-line filter over 60 minutes using an infusion pump. Expires in 4 hrs at room temp or 24 hrs refrigerated once prepared. Do not coadminister with other drugs through the same IV line. Flush line with Normal Saline once completed. Do not shake.

Ingredients: Name Type Dose Selected Adds Vol.

DURVALUMAB 50 Medications 10 mg/kg Main Yes

DURVALUMAB 50 Medications 10 mg/kg Main MG/ML Ingredient

INTRAVENOUS

SOLUTION
SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % 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.

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 Hvdrocortisone 100 ma intravenous (if patient has allerav

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 Dose: 25 mg **PRN** Route: intravenous Start: S fexofenadine (ALLEGRA) tablet 180 mg **PRN** Dose: 180 mg Route: oral Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 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 Discharge Nursing Orders **ONC NURSING COMMUNICATION 76** Interval: --Occurrences: --Comments: Discontinue IV. Discharge Nursing Orders 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. Dose 2 Repeat 1 time Cycle length: 14 days Day 1 Perform every 1 day x1 **Appointment Requests INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs

☑ CBC WITH PLATELET AND DIFFERENTIAL

☐ COMPREHENSIVE METABOLIC PANEL

Occurrences: --

Occurrences: --

Interval: --

Interval: --

MAGNESIUM LEVEL Interval: --Occurrences: -- ▼ THYROID STIMULATING HORMONE Interval: --Occurrences: --☑ T3, FREE Interval: --Occurrences: --Interval: --Occurrences: --□ LDH Interval: --Occurrences: --□ URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: --Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEg/L)

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value. 0

Serum potassium less than 3.0mEg/L, give 40mEg KCL IV or O

PO and contact MD/NP

Serum potassium 3.0 to 3.2mEg/L, give 40mEg KCL IV or PO 0 Serum potassium 3.3 to 3.4mEg/L, give 20mEg KCL IV or PO

Serum potassium 3.5 mEq/L or greater, do not give potassium

replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: --Occurrences: --

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

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value. 0

Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

Serum Magnesium 1.0 to 1.2mEg/L, give 2 gram magnesium

sulfate IV

Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium 0

sulfate IV

Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

TREATMENT CONDITIONS 11

Interval: --Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

> 100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Chemotherapy

durvalumab (IMFINZI) 10 mg/kg in sodium

chloride 0.9% 250 mL IVPB

Dose: 10 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Start: S End: S

Instructions:

Administer intravenously via a 0.2 to 0.22 micron low protein binding in-line filter over 60 minutes using an infusion pump. Expires in 4 hrs at room temp or 24 hrs refrigerated once prepared. Do not coadminister with other drugs through the same IV line. Flush line with Normal Saline once completed. Do not shake.

Ingredients: Name Type Dose Selected Adds Vol.

DURVALUMAB 50 Medications 10 mg/kg Main Yes MG/ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % 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.

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

Dose: 25 mg

Route: intravenous

PRN

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

mq

Dose: 20 mg

Route: intravenous

PRN

Start: S

			hydrocortisone sodiur (Solu-CORTEF) injection Dose: 100 mg		PRN	
			dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
		į	epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUI ig Route: subcutaneous	- T PRN	
	Disch		Nursing Orders ONC NURSING COMM Interval: Comments:	UNICATION 76 Occurrences: Discontinue IV.		
	Disch	narge	Nursing Orders			
	2.00.		sodium chloride 0.9 %	flush 20 mL		
			Dose: 20 mL	Route: intravenous	PRN	
		V	HEParin, porcine (PF)	injection 500 Units		
			Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
				nits/mL. Heparin flush for ccess Device		
D	2		Papast 1	tim o	Cycle length, 14 days	
Dose	J		Repeat 1	ume	Cycle length: 14 days	
	Day 1	intmo		ume	Cycle length: 14 days	Perform every 1 day x1
	Day 1		ent Requests INFUSION APPOINTMI		Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		ent Requests		Cycle length: 14 days	Perform every 1 day x1
	Day 1		ent Requests INFUSION APPOINTMI Interval:	ENT REQUEST Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET	ENT REQUEST Occurrences: AND DIFFERENTIAL	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo	✓	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo	Z (ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences:	Cycle length: 14 days	Perform every 1 day x1
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	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences:	Cycle length: 14 days	Perform every 1 day x1
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	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval: T4, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences: Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval: T4, FREE Interval: LDH Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences:	Cycle length: 14 days	Perform every 1 day x1
	Day 1 Appo		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval: T4, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences: Occurrences:	Cycle length: 14 days	Perform every 1 day x1

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 3.0mEg/L, give 40mEg KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Serum potassium 3.5 mEq/L or greater, do not give potassium

replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

TREATMENT CONDITIONS 11

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Chemotherapy

durvalumab (IMFINZI) 10 mg/kg in sodium

chloride 0.9% 250 mL IVPB

Dose: 10 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Start: S End: S

Instructions:

Administer intravenously via a 0.2 to 0.22 micron low protein binding in-line filter over 60 minutes using an infusion pump. Expires in 4 hrs at room temp or 24 hrs refrigerated once prepared. Do not coadminister with other drugs through the same IV line. Flush line with Normal Saline once completed. Do not shake.

Ingredients: Name Type Dose Selected Adds Vol.

DURVALUMAB 50 Medications 10 mg/kg Main Yes MG/ML Ingredient

INTRAVENOUS

SOLUTION

SODIUM QS Base 250 mL Yes Yes

Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No

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.

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

Dose: 25 mg

Route: intravenous

PRN

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

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

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

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: -Comments: Discontinue IV.

Discharge Nursing Orders

Dose: 20 mL Route: intravenous PRN

☑ HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S Instructions:

Comments:

Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device

maintenance.

		maintenance.			
Dose	1	Rono	eat 1 time	Cycle length: 14 days	
	Day 1	пере	eat i tiille	Cycle length. 14 days	Perform every 1 day x1
		ointment Requests			Tolloilli ovoly Tady XT
			NTMENT REQUEST		
		Interval:	Occurrences:		
	Labs	3			
		☑ CBC WITH PLATE	ELET AND DIFFERENTIA	AL	
		Interval:	Occurrences:		
		✓ COMPREHENSIVI	E METABOLIC PANEL		
		Interval:	Occurrences:		
		✓ MAGNESIUM LEW			
		_			
		Interval:	Occurrences:		
		☑ THYROID STIMUL	ATING HORMONE		
		Interval:	Occurrences:		
		☑ T3, FREE			
		Interval:	Occurrences:		
		✓ T4, FREE			
		Interval:	Occurrences:		
			Coodificilocs.		
		□ LDH			
		Interval:	Occurrences:		
		☐ URIC ACID LEVE	_		
		Interval:	Occurrences:		
	Outp	patient Electrolyte Replac			
		TREATMENT CON	NDITIONS 39 Occurrences:		
		Comments:		range 3.5 to 5.0mEq/L)	
				oplies for SCr less than 1.5. (Otherwise, contact
			MD/NP		
				oplies only to same day lab vassium less than 3.0mEq/L, o	
			PO and contact ME		give 40mLq NOL IV of
			o Serum pota	assium 3.0 to 3.2mEq/L, give	
				assium 3.3 to 3.4mEq/L, give	
			o Serum pota replacement	assium 3.5 mEq/L or greater,	do not give potassium
				eets criteria, order SmartSet	called "Outpatient
			Electrolyte Replace	ment"	·
				olyte replacement order as P	er protocol: cosign
			required		
		TREATMENT CON	NDITIONS 40		
		Interval:	Occurrences:		
		0	NA	1	

Magnesium (Normal range 1.6 to 2.6mEq/L)

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

TREATMENT CONDITIONS 11

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Chemotherapy

durvalumab (IMFINZI) 10 mg/kg in sodium chloride 0.9% 250 mL IVPB

Dose: 10 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Start: S End: S

Instructions:

Administer intravenously via a 0.2 to 0.22 micron low protein binding in-line filter over 60 minutes using an infusion pump. Expires in 4 hrs at room temp or 24 hrs refrigerated once prepared. Do not coadminister with other drugs through the same IV line. Flush line with Normal Saline once completed. Do not shake.

Ingredients: Name Type Dose Selected Adds Vol.

DURVALUMAB 50 Medications 10 mg/kg Main Yes

DURVALUMAB 50 Medications 10 mg/kg Main MG/ML Ingredient

INTRAVENOUS

SOLUTION
SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % 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.

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 Hvdrocortisone 100 ma intravenous (if patient has allerav

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 Dose: 25 mg **PRN** Route: intravenous Start: S fexofenadine (ALLEGRA) tablet 180 mg **PRN** Dose: 180 mg Route: oral Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 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 Discharge Nursing Orders **ONC NURSING COMMUNICATION 76** Interval: --Occurrences: --Comments: Discontinue IV. Discharge Nursing Orders 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. Dose 5 Repeat 1 time Cycle length: 14 days Day 1 Perform every 1 day x1 **Appointment Requests INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs **☑** CBC WITH PLATELET AND DIFFERENTIAL

Occurrences: --

Occurrences: --

☐ COMPREHENSIVE METABOLIC PANEL

Interval: --

Interval: --

MAGNESIUM LEVEL Interval: --Occurrences: -- ▼ THYROID STIMULATING HORMONE Interval: --Occurrences: --☑ T3, FREE Interval: --Occurrences: --Interval: --Occurrences: --□ LDH Interval: --Occurrences: --□ URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: --Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEg/L)

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value. 0

Serum potassium less than 3.0mEg/L, give 40mEg KCL IV or O

PO and contact MD/NP

Serum potassium 3.0 to 3.2mEg/L, give 40mEg KCL IV or PO 0 Serum potassium 3.3 to 3.4mEg/L, give 20mEg KCL IV or PO

Serum potassium 3.5 mEq/L or greater, do not give potassium

replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: --Occurrences: --

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

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value. 0

Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

Serum Magnesium 1.0 to 1.2mEg/L, give 2 gram magnesium

sulfate IV

Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium 0

sulfate IV

Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

TREATMENT CONDITIONS 11

Interval: --Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

> 100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Chemotherapy

durvalumab (IMFINZI) 10 mg/kg in sodium

chloride 0.9% 250 mL IVPB

Dose: 10 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Start: S End: S

Instructions:

Administer intravenously via a 0.2 to 0.22 micron low protein binding in-line filter over 60 minutes using an infusion pump. Expires in 4 hrs at room temp or 24 hrs refrigerated once prepared. Do not coadminister with other drugs through the same IV line. Flush line with Normal Saline once completed. Do not shake.

Ingredients: Name Type Dose Selected Adds Vol.

DURVALUMAB 50 Medications 10 mg/kg Main Yes MG/ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % 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.

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

Dose: 25 mg

Route: intravenous

PRN

Start: S

fexofenadine (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

Route: intravenous

PRN

			hydrocortisone sodiur (Solu-CORTEF) injection Dose: 100 mg		PRN	
			dexamethasone (DECA Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
			epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL ng Route: subcutaneous	- T PRN	
	Disc	charge	Nursing Orders ONC NURSING COMM Interval:	Occurrences:		
			Comments:	Discontinue IV.		
	Disc	charge	Nursing Orders			
		\checkmark	sodium chloride 0.9 %	flush 20 mL		
			Dose: 20 mL	Route: intravenous	PRN	
		V	HEParin, porcine (PF)	injection 500 Units		
			Dose: 500 Units Start: S	Route: intra-catheter	once PRN	
			Instructions: Concentration: 100 ur Implanted Vascular A maintenance.	nits/mL. Heparin flush for ccess Device		
Dose	6		Repeat 1	time	Cycle length: 14 days	
			Hopeat	unic	Cycle length. 14 days	
	Day 1	ointm		unc	Cycle length. 14 days	Perform every 1 day x1
	Day 1	ointm	ent Requests INFUSION APPOINTMI Interval:		Cycle length. 14 days	Perform every 1 day x1
	Day 1		ent Requests INFUSION APPOINTMI	ENT REQUEST	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	S	ent Requests INFUSION APPOINTMI	ENT REQUEST Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	S	ent Requests INFUSION APPOINTMI Interval:	ENT REQUEST Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s V	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s V	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: ETABOLIC PANEL Occurrences: Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: ETABOLIC PANEL Occurrences: Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: ETABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: ETABOLIC PANEL Occurrences: Occurrences: IG HORMONE Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval: T4, FREE	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: NG HORMONE Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App	s Z	ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval: T4, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: NG HORMONE Occurrences:	Cycle length. 14 days	Perform every 1 day x1
	Day 1 App		ent Requests INFUSION APPOINTMI Interval: CBC WITH PLATELET Interval: COMPREHENSIVE ME Interval: MAGNESIUM LEVEL Interval: THYROID STIMULATIN Interval: T3, FREE Interval: T4, FREE Interval:	ENT REQUEST Occurrences: AND DIFFERENTIAL Occurrences: TABOLIC PANEL Occurrences: Occurrences: NG HORMONE Occurrences: Occurrences:	Cycle length. 14 days	Perform every 1 day x1

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 3.0mEg/L, give 40mEg KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Serum potassium 3.5 mEq/L or greater, do not give potassium

replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

TREATMENT CONDITIONS 11

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Chemotherapy

durvalumab (IMFINZI) 10 mg/kg in sodium

chloride 0.9% 250 mL IVPB

Dose: 10 mg/kg Route: intravenous once over 60 Minutes for 1 dose

Start: S End: S

Instructions:

Administer intravenously via a 0.2 to 0.22 micron low protein binding in-line filter over 60 minutes using an infusion pump. Expires in 4 hrs at room temp or 24 hrs refrigerated once prepared. Do not coadminister with other drugs through the same IV line. Flush line with Normal Saline once completed. Do not shake.

Ingredients: Name Type Dose Selected Adds Vol.

DURVALUMAB 50 Medications 10 mg/kg Main Yes MG/ML Ingredient

INTRAVENOUS

SOLUTION

SODIUM QS Base 250 mL Yes Yes

Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No

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.

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

Dose: 25 mg

Route: intravenous

PRN

PRN

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral PRN

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

mg

Dose: 20 mg

Route: intravenous

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

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: -Comments: Discontinue IV.

Discharge Nursing Orders

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.