Protocol Index

OP ELOTUZUMAB

Types: ONCOLOGY TREATMENT
Synonyms: ELOT, ALOT, ILOT, EMPLI, IMPLIC, MM, MYELO

Cycles 1,2 Repeat 2 times Cycle length: 28 days

Days 1,8,15,22 Perform every 7 days x4

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- Occurrences: --

☑ **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)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40
Interval: -- Occurrences: --
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium 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 7

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

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

Start: S

Instructions:

To keep vein open.

Pre-Medications

☑ **dexamethasone (DECADRON) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose

Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

☑ **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose

Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose

Start: S End: S 11:45 AM

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
DIPHENHYDRAMINE 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☑ **diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg Route: oral once for 1 dose

Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☑ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**
Dose: 20 mg Route: intravenous once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**
Dose: 20 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

☑ **acetaminophen (TYLENOL) tablet 650 mg**
Dose: 650 mg Route: oral once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to chemotherapy.

Chemotherapy

elotuzumab 10 mg/kg in sodium chloride 0.9 % 230 mL IVPB
Dose: 10 mg/kg Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light. Administer with low protein binding 0.22 micron filter.

First infusion: start at 0.5 mL/minute for 30 minutes, increase to 1 mL/minute for 30 minutes, then increase to a maximum rate of 2 mL/minute.
Second infusion: start at 1 mL/minute for 30 minutes, then increase to a maximum rate of 2 mL/minute.
Third and fourth infusions: start at 2 mL/minute; do not exceed 2 mL/minute.
Subsequent infusions: start at 2 mL/minute; may increase to a maximum rate of 5 mL/minute.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION	Medications	10 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	230 mL	Yes	Yes

Nursing Orders

ONC NURSING COMMUNICATION 122
Interval: -- Occurrences: --
Comments: If grade 2 or higher infusion reaction occurs, interrupt infusion and contact physician.

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

☑ **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.

Cycles 3,4 | Repeat 2 times | Cycle length: 28 days

Days 1,15 | Perform every 14 days x2

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- | Occurrences: --

Labs

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: -- | Occurrences: --

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: -- | Occurrences: --

☑ **MAGNESIUM LEVEL**
Interval: -- | Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: --
Occurrences: --
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

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

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium 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 7

Interval: --
Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL | Route: intravenous | PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL | Route: intravenous | once @ 30 mL/hr for 1 dose
Start: S
Instructions:
To keep vein open.

Pre-Medications

☑ **dexamethasone (DECADRON) injection 8 mg**

Dose: 8 mg | Route: intravenous | once for 1 dose
Start: S
Instructions:
Administer via slow IV push 30 minutes prior to chemotherapy.

☑ **diphenhydrAMINE (BENADRYL) injection 25 mg**
Dose: 25 mg | Route: intravenous | once for 1 dose
Start: S
Instructions:
Administer via slow IV push 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**
Dose: 50 mg | Route: intravenous | once over 15 Minutes for 1 dose
Start: S | End: S 11:45 AM
Instructions:
Administer 30 minutes prior to chemotherapy.

Ingredients:

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DIPHENHYDRAMINE 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☑ **diphenhydrAMINE (BENADRYL) tablet 25 mg**
Dose: 25 mg | Route: oral | once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) tablet 50 mg**
Dose: 50 mg | Route: oral | once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☑ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**
Dose: 20 mg | Route: intravenous | once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**
Dose: 20 mg | Route: oral | once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

☑ **acetaminophen (TYLENOL) tablet 650 mg**
Dose: 650 mg | Route: oral | once for 1 dose
Offset: 0 Hours
Instructions:
Administer 30 minutes prior to chemotherapy.

Chemotherapy

elotuzumab 10 mg/kg in sodium chloride 0.9 % 230 mL IVPB
Dose: 10 mg/kg | Route: intravenous | once for 1 dose
Offset: 30 Minutes

Instructions:
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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.

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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.
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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)
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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.
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Dose: 100 mg | Route: intravenous | PRN

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Dose: 4 mg | Route: intravenous | PRN
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epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg
Dose: 0.3 mg | Route: subcutaneous | PRN

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Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --

Comments: Discontinue IV.

Discharge Nursing Orders

☑ **sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL Route: intravenous PRN

☑ **HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units Route: intra-catheter once PRN

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Instructions:

Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.