OP ELOTUZUMAB

Types: ONCOLOGY TREATMENT

Synonyms: ELOT, ALOT, ILOT, EMPLI, IMPLIC, MM, MYELO

Cycles 1,2 Days 1,8,	Repeat 2	times Cycle length: 28 days Perform every 7 days x4
	pintment Requests	
	INFUSION APPOINTM	ENT REQUEST
	Interval:	Occurrences:
Labs	3	
		TABOLIC PANEL
	Interval:	Occurrences:
		AND DIFFERENTIAL
	Interval:	Occurrences:
	☑ MAGNESIUM LEVEL	
	Interval:	Occurrences:
Outp	atient Electrolyte Replaceme	nt Protocol
	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
		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
		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:	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
		magnesium replacement
		o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
		o Sign electrolyte replacement order as Per protocol: cosign
		required

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N	Vursin	g Orders					
		TREATMENT CONDIT Interval:	Occurrences:				
		Comments:	HOLD and notify provide		than 100		LESS than
		Comments.	100,000.	er il ANG LESS		o, Fialeiels	LESS than
			100,000.				
	in a El						
L	ine Fl	usn sodium chloride 0.9 %	/ fluch 20 ml				
		Dose: 20 mL	Route: intravenous	PRN			
		Start: S	rioute. Intravenous	1 TUN			
N	luroin						
r	NUISIII	g Orders sodium chloride 0.9 %	/ infusion 250 ml				
		Dose: 250 mL	Route: intravenous	once @ 30 m	l /hr for 1 d	lose	
		Start: S			_,		
		Instructions:					
		To keep vein open.					
F	Pre-Me	edications					
		☑ dexamethasone (DEC	ADBON) injection 8 mg				
				ana fau dui			
		Dose: 8 mg Start: S	Route: intravenous	once for 1 dos	se		
		Instructions:					
			V push 30 minutes prior to	,			
		chemotherapy.					
		diphenbydrAMINE (B	ENADRYL) injection 25				
			, ,				
		Dose: 25 mg	Route: intravenous	once for 1 dos	se		
		Start: S					
		Instructions:					
			V push 30 minutes prior to)			
	-	chemotherapy.					
		□ diphenhydrAMINE (B □ sodium chloride 0.9 %					
		Dose: 50 mg	Route: intravenous	once over 15	Minutes fo	or 1 dose	
		Start: S	End: S 11:45 AM				
		Instructions:					
			es prior to chemotherapy.				
		Ingredients:	Name	Туре	Dose		Adds Vol.
				I Medications	50 mg	Main	No
						Ingredient	
			INJECTION SOLUTION				
			SODIUM	Base	50 mL	Yes	Yes
			CHLORIDE 0.9 %				
			INTRAVENOUS				
			SOLUTION				
			DEXTROSE 5 % IN	Base	50 mL	No	Yes
			WATER (D5W)				
			INTRAVENOUS SOLUTION				
	-						
		☑ diphenhydrAMINE (B	ENADRYL) tablet 25 mg				
		Dose: 25 mg	Route: oral	once for 1 dos	se		
				Offset: 0 Hour	ſS		
		Instructions:					
		Administer 30 minute	es prior to chemotherapy.				
		🗆 diphenhydrAMINE (B	ENADRYL) tablet 50 mg				
		Dose: 50 mg	Route: oral	once for 1 dos	Se		
		Dood, oo mg		Offset: 0 Hour			

	1 1 1					
	Instructions: Administer 30 minute	es prior to chemotherapy.				
-	famotidine (PEPCID)	20 mg/2 mL injection 20				
5	[∐] mg					
	Dose: 20 mg	Route: intravenous	once for 1 do Offset: 0 Hou			
	Instructions: Administer 30 minut	es prior to chemotherapy.				
-						
L	☐ famotidine (PEPCID)	-				
	Dose: 20 mg	Route: oral	once for 1 do Offset: 0 Hou			
	Instructions: Administer 30 minut	es prior to chemotherapy.				
6	Z acetaminophen (TYL	ENOL) tablet 650 mg				
	Dose: 650 mg	Route: oral	once for 1 do Offset: 0 Hou			
	Instructions:	es prior to chemotherapy.		15		
Chomot		se prior to enemotinerapy.				
Chemot		g in sodium chloride 0.9	%			
	230 mL IVPB					
	Dose: 10 mg/kg	Route: intravenous	once for 1 do Offset: 30 Mi			
	Instructions:					
	Protect from light. <i>J</i> binding 0.22 micron	Administer with low protein filter.	n			
	First infusion: start a	t 0.5 mL/minute for 30				
	minutes, increase to		2			
	mL/minute.	rt at 1 mL/minute for 30				
		se to a maximum rate of 2	2			
		allowed attent at 0				
	Third and fourth infu	sions: start at 2				
	mL/minute; do not e	xceed 2 mL/minute.				
	mL/minute; do not e Subsequent infusion may increase to a m	xceed 2 mL/minute. is: start at 2 mL/minute;				
	mL/minute; do not e Subsequent infusion may increase to a m mL/minute.	xceed 2 mL/minute. is: start at 2 mL/minute; aximum rate of 5	Type	Dose	Selected	Adds Vol
	mL/minute; do not e Subsequent infusion may increase to a m	xceed 2 mL/minute. is: start at 2 mL/minute;		Dose 10 mg/kg	Selected Main Ingredient	Yes
	mL/minute; do not e Subsequent infusion may increase to a m mL/minute.	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION) Medications	10 mg/kg	Main Ingredient	
	mL/minute; do not e Subsequent infusion may increase to a m mL/minute.	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM) Medications		Main	Yes
	mL/minute; do not e Subsequent infusion may increase to a m mL/minute.	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION) Medications S	10 mg/kg	Main Ingredient	Yes
Nursina	mL/minute; do not e Subsequent infusion may increase to a m mL/minute. Ingredients:	xceed 2 mL/minute. is: start at 2 mL/minute; aximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS) Medications S	10 mg/kg	Main Ingredient	Yes
Nursing	mL/minute; do not e Subsequent infusion may increase to a m mL/minute. Ingredients:	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION) Medications S	10 mg/kg	Main Ingredient	Yes
Nursing	mL/minute; do not e: Subsequent infusion may increase to a m mL/minute. Ingredients: Orders ONC NURSING COM	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION MUNICATION 122 Occurrences:) Medications S Base	10 mg/kg 230 mL	Main Ingredient Yes	Yes
Nursing	mL/minute; do not e Subsequent infusion may increase to a m mL/minute. Ingredients: Orders ONC NURSING COM	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION MUNICATION 122) Medications S Base	10 mg/kg 230 mL	Main Ingredient Yes	Yes
	mL/minute; do not e: Subsequent infusion may increase to a m mL/minute. Ingredients: Orders ONC NURSING COM Interval: Comments:	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION MUNICATION 122 Occurrences: If grade 2 or higher infu contact physician.) Medications S Base	10 mg/kg 230 mL	Main Ingredient Yes	Yes
	mL/minute; do not e Subsequent infusion may increase to a m mL/minute. Ingredients: Orders ONC NURSING COM Interval: Comments: ogy & Oncology Hyperse ONC NURSING COM	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION MUNICATION 122 Occurrences: If grade 2 or higher infu contact physician.) Medications S Base	10 mg/kg 230 mL	Main Ingredient Yes	Yes
	mL/minute; do not e Subsequent infusion may increase to a m mL/minute. Ingredients: Orders ONC NURSING COM Interval: Comments:	xceed 2 mL/minute. is: start at 2 mL/minute; iaximum rate of 5 Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION MUNICATION 122 Occurrences: If grade 2 or higher infu contact physician.) Medications S Base usion reaction o	10 mg/kg 230 mL	Main Ingredient Yes	Yes Yes on and

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: Comments:	 Occurrences: Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain) 1. Stop the infusion. 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 COMN Interval:	IUNICATION 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) 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 pow intravenous tubing.

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.

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					10. Assess vital signs evolution otherwise ordered by co	very 15 minutes until resolution of symptoms or overing physician.
				diphenhydrAMINE (BE	NADRYL) injection 25	
				mg Dose: 25 mg Start: S	Route: intravenous	PRN
				fexofenadine (ALLEGF Dose: 180 mg Start: S	(A) tablet 180 mg Route: oral	PRN
					0 mg/2 mL injection 20	
				mg Dose: 20 mg Start: S	Route: intravenous	PRN
				hydrocortisone sodiun (Solu-CORTEF) injectio	on 100 mg	
				Dose: 100 mg	Route: intravenous	PRN
				dexamethasone (DEC/ Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
					LIN) 1 mg/10 mL ADUL	Л
				injection syringe 0.3 m Dose: 0.3 mg Start: S	g Route: subcutaneous	PRN
		Discha		Nursing Orders		
				ONC NURSING COMM Interval:	UNICATION 76 Occurrences:	
				Comments:	Discontinue IV.	
		Discha	arae	Nursing Orders		
			-	sodium chloride 0.9 %	flush 20 mL	
				Dose: 20 mL	Route: intravenous	PRN
			\checkmark	HEParin, porcine (PF) i	injection 500 Units	
				Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
				Concentration: 100 un Implanted Vascular Ac maintenance.	its/mL. Heparin flush for ccess Device	
Cycle				Repeat 2 t	imes	Cycle length: 28 days
	Days		ntmo	nt Requests		Perform every 14 days x2
		Αμμυι		INFUSION APPOINTME	ENT REQUEST	
				Interval:	Occurrences:	
		Labs				
			_			
				Interval:	Occurrences:	
			_			
				Interval:	Occurrences:	
			_		0	
		Outro		Interval: Electrolyte Replacemen	Occurrences:	
		Juipa	ment	Liectionite Replacemen		

	TREATMENT CONDIT	IONS 39 Occurrences:	
	Comments:	Potassium (Normal rang	ge 3.5 to 5.0mEq/L) s for SCr less than 1.5. Otherwise, contact
		o Protocol applies o Serum potassiu PO and contact MD/NP o Serum potassiu o Serum potassiu o Serum potassiu replacement o If patient meets Electrolyte Replacement	Im 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Im 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Im 3.5 mEq/L or greater, do not give potassium criteria, order SmartSet called "Outpatient
	TREATMENT CONDIT	IONS 40	
	Interval: Comments:	Occurrences: Magnesium (Normal rar o Protocol applies MD/NP	nge 1.6 to 2.6mEq/L) s for SCr less than 1.5. Otherwise, contact s only to same day lab value.
		o Serum Magnes sulfate IV and contact M o Serum Magnes sulfate IV	ium less than 1.0mEq/L, give 2 gram magnesium ID/NP ium 1.0 to 1.2mEq/L, give 2 gram magnesium
		sulfate IV	ium 1.3 to 1.5mEq/L, give 1 gram magnesium ium 1.6 mEq/L or greater, do not give
		o If patient meets Electrolyte Replacemen	criteria, order SmartSet called "Outpatient
Nursing C	Orders		
i taronig c	TREATMENT CONDIT	IONS 7	
	Interval: Comments:	Occurrences: HOLD and notify provid 100,000.	er if ANC LESS than 1000; Platelets LESS than
Line Flus	h		
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN
Nursing C	Orders		
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	ninfusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 dose
Pre-Medie	cations		
\checkmark	dexamethasone (DEC	ADRON) injection 8 mg	
	Dose: 8 mg Start: S Instructions:	Route: intravenous	once for 1 dose
		/ push 30 minutes prior to	ס

	\checkmark	diphenhydrAMINE (BEI	NADRYL) injection 25				
		0	Route: intravenous	once for 1 dos	se		
		Administer via slow IV chemotherapy.	push 30 minutes prior to	•			
		diphenhydrAMINE (BEI sodium chloride 0.9 %	NADRYL) 50 mg in 50 mL IVPB				
		Dose: 50 mg	Route: intravenous End: S 11:45 AM	once over 15	Minutes fo	r 1 dose	
		Administer 30 minutes	prior to chemotherapy.	Turne	Dees	Onlandad	
		Ingredients:	Name DIPHENHYDRAMIN E 50 MG/ML INJECTION	Type Medications	Dose 50 mg		Adds Vol. No
			SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
			SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	7	diphenhydrAMINE (BEI					
	V		Route: oral	once for 1 dos			
		Instructions: Administer 30 minutes	prior to chemotherapy.	Offset: 0 Hour	rS		
		diphenhydrAMINE (BE	NADRYL) tablet 50 mg				
		Dose: 50 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		famotidine (PEPCID) 20					
		mg Dose: 20 mg	Route: intravenous	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		famotidine (PEPCID) ta	blet 20 mg				
		Dose: 20 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
	\checkmark	acetaminophen (TYLEN	NOL) tablet 650 mg				
		U U	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
Chem	othe		n oodium oblasida 0.00	/			
		elotuzumab 10 mg/kg i 230 mL IVPB					
		Dose: 10 mg/kg	Route: intravenous	once for 1 dos Offset: 30 Mir			

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

SODIUM Base 230 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Name ELOTUZUMAB 300 MG INTRAVENOUS SOLUTION		Dose 10 mg/kg		Adds Vol. Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS	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 CO	MMUNICATION 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 CO	MMUNICATION 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.

	 Place the patient on Obtain vital signs. Administer Oxygen a maintain O2 saturation Administer Normal S new intravenous tubing Administer Hydrocor to Hydrocortisone, plea intravenous), Fexofena intravenous once. If no improvement at (Severe). 	tisone 100 mg intravenous (if patient has allergy use administer Dexamethasone 4 mg Idine 180 mg orally and Famotidine 20 mg iter 15 minutes, advance level of care to Grade 3 very 15 minutes until resolution of symptoms or
ONC NURSING COI	MMUNICATION 83	
Interval:	Occurrences:	
Comments:	Grade 3 – SEVERE Sy compromise – cyanosis with systolic blood pres loss of consciousness,	mptoms (hypoxia, hypotension, or neurologic s or O2 saturation less than 92%, hypotension sure less than 90 mmHg, confusion, collapse, or incontinence)
	1. Stop the infusion.	
		m and treating physician immediately.
		continuous monitoring.
	4. Obtain vital signs.	nan 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%.
		Saline at 1000 mL intravenous bolus using a new
	bag and new intraveno	
		tisone 100 mg intravenous (if patient has allergy
		se administer Dexamethasone 4 mg intravenous)
	and Famotidine 20 mg	
		ine (1:1000) 0.3 mg subcutaneous.
		every 15 minutes until resolution of symptoms or
	otherwise ordered by c	overing physician.
diphenhydrAMINE (mg	(BENADRYL) injection 25	
Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALLE	EGRA) tablet 180 mg	
Dose: 180 mg Start: S	Route: oral	PRN
famotidine (PEPCIE	0) 20 mg/2 mL injection 20	
mg		
Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone soc	tium succinate	
(Solu-CORTEF) inje		
Dose: 100 mg	Route: intravenous	PRN
dexamethasone (DI	ECADRON) injection 4 mg	1
Dose: 4 mg	Route: intravenous	PRN
Start: S		
	ENALIN) 1 mg/10 mL ADU	LT
injection syringe 0.		
Dose: 0.3 mg	Route: subcutaneous	PRN

	Start: S		
Disch	arge Nursing Orders	MUNICATION 76	
	Interval: Comments:	Occurrences: Discontinue IV.	
Disch	arge Nursing Orders		
	☑ sodium chloride 0.9) % flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (P	F) injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
) units/mL. Heparin flush fo r Access Device	