

OP FOLFIRI / CETUXIMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, IRIN, CAMPTOSAR, CAMP, CET, CETUXIMAB, ERB, HERB, ERBTIUX, HERBITUX, COLORECTAL

Cycles 1 to 6	Repeat 6 times	Cycle length: 14 days
Day 1		Perform every 1 day x1
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> 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 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 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
- 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

Provider Communication

ONC PROVIDER COMMUNICATION 2

Interval: -- Occurrences: --
Comments: Tumor KRAS gene status should be determined prior to initiation of therapy. KRAS type: Please Push F2:115540219.

Nursing Orders

TREATMENT CONDITIONS 4

Interval: -- Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than 3 times upper normal limit; or Serum Creatinine GREATER than 1.2

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

ondansetron (ZOFRAN) 16 mg, dexamethasone

(DECADRON) 12 mg in sodium chloride 0.9%

50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

End: S 11:30 AM

dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg

Route: intravenous

once for 1 dose

Start: S

End: S 3:00 PM

Instructions:

For OUTPATIENT use only.

aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	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

Pre-Medications

atropine injection 0.25 mg

Dose: 0.25 mg

Route: intravenous

once PRN

Start: S

Pre-Medications

diphenhydramine (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Give 30 minutes prior to cetuximab.

Supportive Care

LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg Route: intravenous once PRN
Start: S

LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once PRN
Start: S

Chemotherapy

cetuximab (ERBITUX) 500 mg/m2 in 0 mL

Dose: 500 mg/m2 Route: intravenous once over 120 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion.

1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes.

Rate of infusion not to exceed 10 mg/minute (5 mL/minute)

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes

leucovorin 400 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 400 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 2.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	400 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes

irinotecan (CAMPTOSAR) 180 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 180 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 4 Hours

Instructions:

Protect from light

Inredients:	Name	Type	Dose	Selected	Adds Vol.
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IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	180 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

fluorouracil (ADRUCIL) 400 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 400 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 5.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	400 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

fluorouracil (ADRUCIL) 2,400 mg/m2 in sodium chloride 0.9 % 100 mL chemo infusion - AMBULATORY PUMP

Dose: 2,400 mg/m2 Route: intravenous once over 48 Hours for 1 dose
Offset: 5.75 Hours

Instructions:
Nurses to chart as GIVEN on the MAR.
Administer via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Medications	2,400 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

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 mgDose: 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 mgDose: 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

Nursing Orders

ONC NURSING COMMUNICATION 14Interval: -- Occurrences: --
Comments: Contact Provider if drug-induced acneiform rash develops and covers more than 25 per cent of the body.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76Interval: -- 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.

Day 3

Perform every 1 day x1

Appointment Requests

ONC PUMP DISCONNECT APPOINTMENT REQUEST

Interval: -- Occurrences: --

Discharge Nursing Orders

DISCONNECT CONTINUOUS INFUSION PUMPInterval: -- Occurrences: --
Comments: Disconnect patient from continuous infusion pump.

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.

Post-Medications

○ **pegfilgrastim (NEULASTA) on-body injection
kit 6 mg**

Dose: 6 mg

Route: subcutaneous once for 1 dose

Start: S

End: S

Instructions:

Apply to intact, nonirritated skin on the back of
the arm or abdomen (only use the back of the
arm if caregiver is available to monitor
On-body injection status).