OP FOLFIRI / CETUXIMAB (EVERY 7 DAYS)

Types: ONCOLOGY TREATMENT

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

Cycle 1	Repea	t 1 time	Cycle length: 14 days	
Day 1	·			Perform every 1 day x1
Appo	intment Requests			
	INFUSION APPOIN Interval:	TMENT REQUEST Occurrences:		
Labs				
		METABOLIC PANEL		
	Interval:	Occurrences:		
	CBC WITH PLATEL	ET AND DIFFERENTIAL		
	Interval:	Occurrences:		
		L		
	Interval:	Occurrences:		

Outpa	atient Electrolyte Replacem	ent Protocol	
1.0	TREATMENT COND		
	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 COND		
	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	
Provi	der Communication		
	ONC PROVIDER CO		
	Interval:	Occurrences:	
	Comments:	Tumor KRAS gene status should be determined prior to initiation of	
		therapy. KRAS type: Please Push F2:115540219.	
Nurei	ng Orders		
140151	TREATMENT COND	TIONS 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 I	Flush		
	sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous PRN	
	Start: S		
Nursi	ng Orders		
	sodium chloride 0.9		
	Dose: 250 mL	Route: intravenous once @ 30 mL/hr for 1 dose	
	Start: S		
	Instructions:		
	To keep vein open.		

Pre-M	Addications	16 mar deversetter				
	ondansetron (ZOFRAN ☑ (DECADRON) 12 mg in 50 mL IVPB		le			
	Dose:	Route: intravenous	once over 15	Minutos fo	r 1 doco	
	Start: S	End: S 11:30 AM	once over 15 Minutes for 1 dose			
	Ingredients:	Name	Туре	Dose	Salactad	Adds Vol.
	ingreatents.	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications		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)	l) tablet 16 mg				
	Dose: 16 mg Start: S	Route: oral End: S 11:30 AM	once for 1 do	se		
	dexamethasone (DECA	ADRON) tablet 12 mg				
	-		f dl			
	Dose: 12 mg Start: S	Route: oral	once for 1 do	se		
	palonosetron (ALOXI)	injection 0.25 mg				
	Dose: 250 mcg Start: S Instructions: For OUTPATIENT use	Route: intravenous End: S 3:00 PM	once for 1 do	se		
	_ aprepitant (CINVANTI)					
	└ (NON-PVC) 5% 130 mĹ					
	Dose: 130 mg Start: S	Route: intravenous End: S	once over 30	Minutes fo	r 1 dose	
	Ingredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Type Medications	Dose 130 mg	Selected Main Ingredient	Adds Vol. 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-M	ledications					
1.010	atropine injection 0.25 Dose: 0.25 mg Start: S	mg Route: intravenous	once PRN			
Pro M	Aedications					
Fie-IV	diphenhydrAMINE (BE	NADRVI) injection 25				
		naunic) injection 25				

	mg Dose: 25 mg Start: S Instructions: Give 30 minutes prior	Route: intravenous to cetuximab.	once for 1 dc	ose		
Supp	ortive Care					
	O LORAZepam (ATIVAN)) injection 1 mg				
	Dose: 1 mg Start: S	Route: intravenous	once PRN			
	🔿 LORAZepam (ATIVAN)) tablet 1 mg				
	Dose: 1 mg Start: S	Route: oral	once PRN			
Chem	otherapy					
	cetuximab (ERBITUX) Dose: 400 mg/m2	400 mg/m2 in 0 mL Route: intravenous	once over 12 Offset: 30 Mi		for 1 dose	
	filter. Do not shake. D	rotein binding 0.22 micro o not mix with other line with NS at the end	'n			
	1st infusion: Infuse fire and observe patient for reactions if infusion to dose over 120 minute					
	Rate of infusion not to mL/minute)	exceed 10 mg/minute (5			
	Ingredients:	Name CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Type Medications	Dose 400 mg/m2	Selected Main Ingredient	Adds Vol. Yes
	•	in sodium chloride 0.9	%			
	250 mL chemo IVPB Dose: 400 mg/m2	Route: intravenous	once over 90 Offset: 2.5 H		or 1 dose	
	Ingredients:	Name LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Type Medications	Dose 400 mg/m2	Selected Main Ingredient	Adds Vol. Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	I QS Base	250 mL	No	Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	irinotecan (CAMPTOS dextrose 5% 500 mL c Dose: 180 mg/m2		once over 90		or 1 dose	
	Instructions:		Offset: 4 Hou	irs		
	Protect from light Inaredients:	Name	Tvpe	Dose	Selected	Adds Vol.

		IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	180 mg/m2	Main Ingredient	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	500 mL	Yes	Yes
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
		.) 400 mg/m2 in sodium				
	chloride 0.9 % 50 mL o Dose: 400 mg/m2	chemo IVPB Route: intravenous	once over 15	Minutes fo	or 1 dose	
	Dose. 400 mg/mz	noute. Intravenous	Offset: 5.5 Ho			
	Ingredients:	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Type Medications	Dose 400 mg/m2	Selected Main Ingredient	Adds Vol. 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 sodiur	n			
	chloride 0.9 % 100 mL AMBULATORY PUMP	chemo infusion -				
	Dose: 2,400 mg/m2	Route: intravenous	once over 46 Offset: 5.75 H		1 dose	
	Instructions:		Oliset. 5.75 P	10015		
	Nurses to chart as Gl Administer via CADD					
	Ingredients:	Name FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Type Medications	Dose 2,400 mg/m2	Selected Main Ingredient	Adds Vol. 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
Hema	atology & Oncology Hyperser		Order			
	ONC NURSING COMM Interval:	UNICATION 82				
	Comments:	Occurrences: Grade 1 - MILD Sympton only – itching, flushing, p 1. Stop the infusion. 2. Place the patient on c 3. Obtain vital signs.	periorbital ede	ma, rash, c		
		 Administer Normal Sa intravenous tubing. If greater than or equal 			-	-

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

ONC NURSING COMM		
Interval: Comments:	gastrointestinal sympton vomiting, dizziness, dia back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on o 4. Obtain vital signs. 5. Administer Oxygen a maintain O2 saturation 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenad intravenous once. 8. If no improvement aff (Severe).	t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg ter 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM	UNICATION 83	
Interval: Comments:	Occurrences: Grade 3 – SEVERE Syn compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less th less than 90/50 mmHg, 6. Administer Oxygen a maintain O2 saturation 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephri 10. Assess vital signs e otherwise ordered by co	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) intravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
	NADRYL) injection 25	
mg Dose: 25 mg Start: S	Route: intravenous	PRN

	foxofonodino (ALLEC		
	Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
	famotidine (PEPCID)	20 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN
	dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADREN injection syringe 0.3 i Dose: 0.3 mg	IALIN) 1 mg/10 mL ADU mg Route: subcutaneous	L T PRN
	Start: S		
Nursi	ing Orders		
	ONC NURSING COMM Interval: Comments:	Occurrences:	i-induced acneiform rash develops and covers of the body.
Disch	narge Nursing Orders		
	ONC NURSING COM		
	Interval: Comments:	Occurrences: Discontinue IV.	
Disch	narge Nursing Orders		
	✓ sodium chloride 0.9 %	6 flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	✓ HEParin, porcine (PF)		
	HEParin, porcine (PF) Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.) injection 500 Units Route: intra-catheter Inits/mL. Heparin flush for	once PRN
ау 3	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A) injection 500 Units Route: intra-catheter Inits/mL. Heparin flush for	
ay 3 Appo	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.) injection 500 Units Route: intra-catheter inits/mL. Heparin flush for Access Device	
	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance.) injection 500 Units Route: intra-catheter inits/mL. Heparin flush for Access Device	
Арро	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance. intment Requests ONC PUMP DISCONN REQUEST Interval: harge Nursing Orders) injection 500 Units Route: intra-catheter units/mL. Heparin flush for Access Device	Perform every 1 day >
Appo Disch	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance. intment Requests ONC PUMP DISCONN REQUEST Interval: harge Nursing Orders DISCONNECT CONTI Interval: Comments:) injection 500 Units Route: intra-catheter Inits/mL. Heparin flush for Access Device IECT APPOINTMENT Occurrences: NUOUS INFUSION PUM Occurrences:	Perform every 1 day >
Appo Disch	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance. ONC PUMP DISCONN REQUEST Interval: harge Nursing Orders DISCONNECT CONTI Interval:) injection 500 Units Route: intra-catheter Inits/mL. Heparin flush for Access Device IECT APPOINTMENT Occurrences: NUOUS INFUSION PUM Occurrences:	Perform every 1 day >
Appo Disch	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance. intment Requests ONC PUMP DISCONN REQUEST Interval: harge Nursing Orders DISCONNECT CONTI Interval: Comments:) injection 500 Units Route: intra-catheter Inits/mL. Heparin flush for Access Device IECT APPOINTMENT Occurrences: NUOUS INFUSION PUM Occurrences: Disconnect patient from	Perform every 1 day >
Appo Disch	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A maintenance. ONC PUMP DISCONN REQUEST Interval: harge Nursing Orders DISCONNECT CONTI Interval: Comments:) injection 500 Units Route: intra-catheter Inits/mL. Heparin flush for Access Device IECT APPOINTMENT Occurrences: NUOUS INFUSION PUM Occurrences: Disconnect patient from	Perform every 1 day >

Dose: 500 Units Start: S Instructions: Concentration: 100 ur Implanted Vascular A maintenance.	Route: intra-catheter once PRN nits/mL. Heparin flush for ccess Device
Adjustions	
o pegfilgrastim (NEULA	STA) on-body injection
Dose: 6 mg Start: S Instructions: Apply to intact, nonirri the arm or abdomen (Route: subcutaneous once for 1 dose End: S itated skin on the back of only use the back of the ailable to monitor
On-body injection stat	
	Perform every 1 day x1
	ENT REQUEST
Interval:	Occurrences:
Interval:	Occurrences:
CBC WITH PLATELET	AND DIFFERENTIAL
Interval:	Occurrences:
	Occurrences:
TREATMENT CONDITI	
Interval: Comments:	Occurrences: Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP 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
	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
	Start: S Instructions: Concentration: 100 ur Implanted Vascular A maintenance.

	o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required				
Nursir	ng Orders TREATMENT CONDI Interval: Comments:	Occurrences: HOLD and notify provid 100,000; Total Bilirubir	der if ANC LESS than 1000; Platelets LESS than GREATER than 1.5; ALT/AST GREATER than 3 it; or Serum Creatinine GREATER than 1.2		
Line F	lush sodium chloride 0.9 Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN		
Pre-M	edications diphenhydrAMINE (E mg Dose: 25 mg Start: S Instructions: Give 30 minutes prio	SENADRYL) injection 25 Route: intravenous	once for 1 dose		
Suppo	ortive Care	N) injection 1 mg			
	Dose: 1 mg Start: S O LORAZepam (ATIVA) Dose: 1 mg	Route: intravenous N) tablet 1 mg Route: oral	once PRN		
Chem	Start: S otherapy cetuximab (ERBITUX Dose: 250 mg/m2		once over 60 Minutes for 1 dose		
	filter. Do not shake.	protein binding 0.22 micro Do not mix with other V line with NS at the end	Offset: 30 Minutes		
	Rate of infusion not mL/minute) Ingredients:	to exceed 10 mg/minute (Name CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	5 Type Dose Selected Adds Vol. Medications 250 Main Yes mg/m2 Ingredient		
Hema	tology & Oncology Hyperse ONC NURSING COM Interval: Comments:	MUNICATION 82 Occurrences: Grade 1 - MILD Sympt only – itching, flushing, 1. Stop the infusion.	ng Order oms (cutaneous and subcutaneous symptoms periorbital edema, rash, or runny nose) continuous monitoring.		

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: --Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic Comments: 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

			ma	
			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	
		Nursin	ing Orders	
			ONC NURSING COMMUNICATION 14	
			Interval: Occurrences: Comments: Contact Provider if drug-induced acneiform rash develops and more than 25 per cent of the body.	covers
		Discha	narge Nursing Orders	
			ONC NURSING COMMUNICATION 76	
			Interval: Occurrences: Comments: Discontinue IV.	
		Discha	narge 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.	
Cycle	s 2 to Day 1	6	Repeat 5 times Cycle length: 14 days Perform ever	v 1 dov v1
		Appoir	intment Requests	y Tudy XI
			INFUSION APPOINTMENT REQUEST Interval: Occurrences:	
		Labs		
			COMPREHENSIVE METABOLIC PANEL	
			Interval: Occurrences:	
			☑ CBC WITH PLATELET AND DIFFERENTIAL	
			Interval: Occurrences:	
			☑ MAGNESIUM LEVEL	

	Interval:	Occurrences:
Outp	atient Electrolyte Replacem	
	TREATMENT CONDI Interval: Comments:	TIONS 39Occurrences:Potassium (Normal range 3.5 to 5.0mEq/L)oProtocol applies for SCr less than 1.5. Otherwise, contactMD/NPoProtocol applies only to same day lab value.oSerum potassium less than 3.0mEq/L, give 40mEq KCL IV orPO and contact MD/NPoSerum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or POoSerum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or POoSerum potassium 3.5 mEq/L or greater, do not give potassiumreplacementooIf patient meets criteria, order SmartSet called "OutpatientElectrolyte Replacement"ooSign electrolyte replacement order as Per protocol: cosignrequiredSign electrolyte replacement
	TREATMENT CONDI Interval: Comments:	TIONS 40 Occurrences: Magnesium (Normal range 1.6 to 2.6mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP 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
Nurs	ing Orders TREATMENT CONDI Interval: Comments:	TIONS 4 Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Total Bilirubin GREATER than 1.5; ALT/AST GREATER than times upper normal limit; or Serum Creatinine GREATER than 1.2
Line	Flush sodium chloride 0.9 Dose: 20 mL Start: S	% flush 20 mL Route: intravenous PRN
Nurs	ing Orders sodium chloride 0.9 Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
Pre-I		AN) 16 mg, dexamethasone in sodium chloride 0.9%

	Dose: Start: S		Route: intravenous End: S 11:30 AM	once over 15 Minutes for 1 dose			
	Ingredier		Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Type Medications	Dose 16 mg	Selected Yes	Adds Vol. No
			DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
			SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Always	Yes
			SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
	□ ondanse	tron (ZOFRAN)) tablet 16 mg				
	Dose: 16 Start: S	mg	Route: oral End: S 11:30 AM	once for 1 dose			
	dexamet	hasone (DECA	DRON) tablet 12 mg				
	Dose: 12 Start: S	mg	Route: oral	once for 1 dose			
	🗆 palonose	etron (ALOXI) i	njection 0.25 mg				
	Dose: 250 Start: S Instruction For OU	-	Route: intravenous End: S 3:00 PM	once for 1 dos	se		
	aprepitar		130 mg in dextrose				
	Dose: 130 Start: S		Route: intravenous End: S	once over 30	Minutes fo	r 1 dose	
	Ingredier		Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION		Dose 130 mg		
			DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
			SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)		130 mL	No	Yes
Pre-N	ledications						
	atropine Dose: 0.2 Start: S	injection 0.25 25 mg	mg Route: intravenous	once PRN			

Pre-M	edications					
	diphenhydrAMINE (BENADRYL) injection 25					
	mg Dose: 25 mg	Route: intravenous	once for 1 do	60		
	Start: S	noule. Initavenous		30		
	Instructions:					
	Give 30 minutes prio	r to cetuximab.				
Supportive Care						
	O LORAZepam (ATIVAN	I) injection 1 mg				
		Route: intravenous	once PRN			
	Dose: 1 mg Start: S	noule. Intravenous				
	O LORAZepam (ATIVAN)	l) tablet 1 mg				
	Dose: 1 mg	Route: oral	once PRN			
	Start: S					
Chem	otherapy cetuximab (ERBITUX)	250 mg/m2 in 0 ml				
	Dose: 250 mg/m2	Route: intravenous	once over 60	Minutes fo	or 1 dose	
	2000. 200 mg/m2		Offset: 30 Mi		1 4000	
	Instructions:					
	filter. Do not shake. I	protein binding 0.22 micror	ו			
		/ line with NS at the end				
	of infusion.					
	Rate of infusion not to exceed 10 mg/minute (5 mL/minute)					
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	3 • • • •	CETUXIMAB 100	Medications	250	Main	Yes
		MG/50 ML		mg/m2	Ingredient	
		INTRAVENOUS SOLUTION				
	leucovorin 400 ma/m2	2 in sodium chloride 0.9	%			
	250 mL chemo IVPB					
	Dose: 400 mg/m2	Route: intravenous	once over 90		or 1 dose	
	Ingredients:	Name	Offset: 1.5 Ho Type	ours Dose	Soloctod	Adds Vol.
	ingreatents.	LEUCOVORIN	Medications	400	Main	Yes
		CALCIUM 350 MG		mg/m2	Ingredient	
		SOLUTION FOR				
		INJECTION DEXTROSE 5 % IN	OS Base	250 mL	No	Yes
		WATER (D5W)	QU DUSC	200 mL		103
		INTRAVENOUS				
		SOLUTION		250 mL	Vaa	Vaa
		SODIUM CHLORIDE 0.9 %	QS Base	250 ML	Yes	Yes
		INTRAVENOUS				
		SOLUTION				
	irinotecan (CAMPTOS					
	dextrose 5% 500 mL o Dose: 180 mg/m2	chemo IVPB Route: intravenous	once over 90	Minutes fo	or 1 doso	
			Offset: 3 Hou			
	Instructions:					
	Protect from light		T	D	0.1	
	Ingredients:	Name IRINOTECAN 100	Type Medications	Dose 180		Adds Vol. Yes
		MG/5 ML	wedications	mg/m2	Ingredient	
		INTRAVENOUS		J	Ţ	

		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	QS Base	500 mL	Yes	Yes
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
) 400 mg/m2 in sodium				
	chloride 0.9 % 50 mL c			Minutes fo		
	Dose: 400 mg/m2	Route: intravenous	once over 15 Offset: 4.5 Ho		or ruose	
	Ingredients:	Name	Туре	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
		.) 2,400 mg/m2 in sodiur	n			
	chloride 0.9 % 100 mL AMBULATORY PUMP	chemo infusion -				
	Dose: 2,400 mg/m2	Route: intravenous	once over 46 Offset: 4.75 H		1 dose	
	Instructions: Nurses to chart as Gl' Administer via CADD					
	Ingredients:	Name FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Type Medications	Dose 2,400 mg/m2	Selected Main Ingredient	Adds Vol. 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
Hema	tology & Oncology Hyperser		g Order			
	ONC NURSING COMM Interval:	Occurrences:				
	Comments:	 Grade 1 - MILD Symptol only – itching, flushing, p Stop the infusion. Place the patient on c Obtain vital signs. Administer Normal Sa 	periorbital ede continuous mo	ma, rash, o nitoring.	or runny no	se)
		intravenous tubing.				

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

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: Comments:	compromise – cyanosis with systolic blood press loss of consciousness, 1. Stop the infusion. 2. Notify the CERT tear 3. Place the patient on 4. Obtain vital signs. 5. If heart rate is less the less than 90/50 mmHg, 6. Administer Oxygen a maintain O2 saturation 7. Administer Normal S bag and new intravenous 8. Administer Hydrocorr to Hydrocortisone, plea and Famotidine 20 mg 9. Administer Epinephri	n and treating physician immediately. continuous monitoring. aan 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. at 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. tisone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) intravenous once. ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or
diphenhydrAMINE (Bl mg	ENADRYL) injection 25	
Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN

		0 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiur		
	(Solu-CORTEF) injecti Dose: 100 mg	on 100 mg Route: intravenous	PRN
	dexamethasone (DEC)	ADRON) injection 4 mg	
	Dose: 4 mg Start: S	Route: intravenous	PRN
		ALIN) 1 mg/10 mL ADUL	_T
	injection syringe 0.3 m Dose: 0.3 mg Start: S	1g Route: subcutaneous	PRN
Nursin	g Orders		
	ONC NURSING COMM		
	Interval: Comments:	Occurrences: Contact Provider if drug more than 25 per cent c	-induced acneiform rash develops and covers of the body.
Discha	rge Nursing Orders		
Discila	ONC NURSING COMM	UNICATION 76	
	Interval:	Occurrences:	
	Comments:	Discontinue IV.	
Discha	rge Nursing Orders		
Disolia	Sodium chloride 0.9 %	fluch 20 ml	
			DDN
	Dose: 20 mL	Route: intravenous	PRN
	☑ HEParin, porcine (PF)	injection 500 Units	
	Implanted Vascular A	Route: intra-catheter hits/mL. Heparin flush for ccess Device	once PRN
	maintenance.		
)ay 3	tmont Doguosto		Perform every 1 day x
Appoin	tment Requests ONC PUMP DISCONNI	ECT APPOINTMENT	
	REQUEST		
	Interval:	Occurrences:	
<mark>Discha</mark>	rge Nursing Orders		
	Interval:	UOUS INFUSION PUMI Occurrences:	P
	Comments:		continuous infusion pump.
		·	
<mark>Discha</mark>	rge Nursing Orders		
	✓ sodium chloride 0.9 %	flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	☑ HEParin, porcine (PF)	injection 500 Units	
	Dose: 500 Units Start: S	Route: intra-catheter	once PRN
	Instructions:		

	Concentration: 100 units/ml	
	Implanted Vascular Access maintenance.	
Post-I	Vedications	
	pegfilgrastim (NEULASTA)	on-body injection
	kit 6 mg Dose: 6 mg Rout Start: S End: Instructions: Apply to intact, nonirritated the arm or abdomen (only u arm if caregiver is available On-body injection status).	skin on the back of ise the back of the
Day 8		Perform every 1 day x1
	ntment Requests	
	INFUSION APPOINTMENT F Interval: Occu	REQUES I
Labs		
	COMPREHENSIVE METABO	DLIC PANEL
	Interval: Occu	Irrences:
	CBC WITH PLATELET AND	DIFFERENTIAL
		irrences:
	☑ MAGNESIUM LEVEL	
	_	Irrences:
Outpa	tient Electrolyte Replacement Prot	
	TREATMENT CONDITIONS	
	Interval: Occu Comments: Potas o MD/N o o PO a o o repla o	Irrences: ssium (Normal range 3.5 to 5.0mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact NP Protocol applies only to same day lab value. Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or und 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 cement If patient meets criteria, order SmartSet called "Outpatient rrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign red
		Irrences:
	Comments: Magr o MD/N o o	nesium (Normal range 1.6 to 2.6mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact NP Protocol applies only to same day lab value. Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium te IV and contact MD/NP Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium te IV Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium
	magi	nesium replacement
	0	If patient meets criteria, order SmartSet called "Outpatient

		Electrolyte Replacemer o Sign electrolyte required		order as P	er protocol: cosign	
Nursing C	Drders					
	TREATMENT CONDIT Interval: Comments:	Occurrences: HOLD and notify provid	GREATER that	an 1.5; AL ⁻	00; Platelets LESS than T/AST GREATER than 3 REATER than 1.2	
Line Flus	h					
	sodium chloride 0.9 % Dose: 20 mL Start: S	6 flush 20 mL Route: intravenous	PRN			
Pre-Medi	diphenhydrAMINE (Bl	ENADRYL) injection 25				
	mg Dose: 25 mg Start: S Instructions:	Route: intravenous	once for 1 do	se		
Supportiv	Give 30 minutes prior	r to cetuximab.				
Supportiv		Ninisation 4 mm				
0	LORAZepam (ATIVAN					
_	Dose: 1 mg Start: S	Route: intravenous	once PRN			
0	LORAZepam (ATIVAN	l) tablet 1 mg				
	Dose: 1 mg Start: S	Route: oral	once PRN			
Chemoth						
	filter. Do not shake. [Route: intravenous	once over 60 Offset: 30 Mi n		or 1 dose	
	Rate of infusion not to exceed 10 mg/minute (5 mL/minute)					
	Ingredients:	Name CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Type Medications	Dose 250 mg/m2	Selected Adds Vol. Main Yes Ingredient	
Hematolo		nsitivity Reaction Standin	g Order			
	ONC NURSING COMMUNICATION 82 Interval: Occurrences:					
	Comments:	Grade 1 - MILD Symptoonly – itching, flushing,1. Stop the infusion.2. Place the patient on3. Obtain vital signs.	periorbital ede continuous mo aline at 50 mL	ma, rash, nitoring. per hour u	or runny nose) using a new bag and new	

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

ONC NURSING COMM		
Interval: Comments:	gastrointestinal symptom vomiting, dizziness, diag back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen at maintain O2 saturation of 6. Administer Normal Sa new intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, pleas intravenous), Fexofenao intravenous once. 8. If no improvement aft (Severe).	t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 150 mL per hour using a new bag and isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg ter 15 minutes, advance level of care to Grade 3 ery 15 minutes until resolution of symptoms or
ONC NURSING COMM	UNICATION 83	
Interval: Comments:	Occurrences: Grade 3 – SEVERE Syr compromise – cyanosis with systolic blood press loss of consciousness, of 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. If heart rate is less tha less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i 9. Administer Epinephrin 10. Assess vital signs et otherwise ordered by co	n and treating physician immediately. continuous monitoring. an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%. aline at 1000 mL intravenous bolus using a new us tubing. isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) intravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
	NADRYL) injection 25	
mg Dose: 25 mg Start: S	Route: intravenous	PRN

	fexofenadine (ALLEG Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN		
	famotidine (PEPCID) 2 mg Dose: 20 mg Start: S	20 mg/2 mL injection 20 Route: intravenous	PRN		
	hydrocortisone sodiu (Solu-CORTEF) inject Dose: 100 mg		PRN		
	dexamethasone (DEC Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN		
	epINEPHrine (ADREN	ALIN) 1 mg/10 mL ADU	LT		
	injection syringe 0.3 r Dose: 0.3 mg Start: S	ng Route: subcutaneous	PRN		
Nursi	ng Orders				
	ONC NURSING COMM Interval: Comments:	Occurrences:	g-induced acneiform rash develops and covers of the body.		
Disch	arge Nursing Orders				
	ONC NURSING COMM Interval: Comments:	IUNICATION 76 Occurrences: Discontinue IV.			
Disch	arge Nursing Orders				
	✓ sodium chloride 0.9 %	6 flush 20 mL			
	Dose: 20 mL	Route: intravenous	PRN		
	☑ HEParin, porcine (PF) injection 500 Units				
	Dose: 500 Units Start: S Instructions: Concentration: 100 u Implanted Vascular A	Route: intra-catheter	once PRN		