

OP FOLFOXIRI / PANITUMUMAB (EVERY 7 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOXIRI, FLUOROURACIL , LEUCOVORIN, OXALIPLATIN , IIRINOTECAN , AGE, CAMPTOSAR, ADRUCIL, ELOXATIN, FLOW, IRENE

Cycles 1 to 6	Repeat 6 times	Cycle length: 14 days
Day 1	Perform every 1 day x1	
Appointment Requests		
<input type="checkbox"/> 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

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

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.

Line Flush

dextrose 5% flush syringe 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Instructions:

Administer ONLY for Oxaliplatin.

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Instructions:

Do NOT administer with Oxaliplatin.

Nursing Orders

dextrose 5% infusion 250 mL

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

Start: S

Instructions:

To keep vein open for Oxaliplatin.

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. Do NOT administer with Oxaliplatin.

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

**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

Yes

DEXTROSE 5 % IN
WATER (D5W) IV
SOLP (EXCEL;
NON-PVC)

Base

130 mL

Yes

Yes

SODIUM
CHLORIDE 0.9 % IV
SOLP

Base

130 mL

No

Yes

(EXCEL;NON-PVC)

Pre-Medications

atropine injection 0.25 mg

Dose: 0.25 mg Route: intravenous once PRN
Start: S

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

panitumumab (VECTIBIX) 6 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 6 mg/kg Route: intravenous once over 60 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
USE 0.2 OR 0.22 MICRON INLINE FILTER.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PANITUMUMAB 100 MG/5 ML (20 MG/ML) INTRAVENOUS SOLUTION	Medications	6 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

leucovorin 200 mg/m2 in dextrose 5% 250 mL chemo IVPB

Dose: 200 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 1.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	200 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

irinotecan (CAMPTOSAR) 165 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 165 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 1.5 Hours

Instructions:
Protect from light

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	165 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

**OXALIPlatin (ELOXATIN) 85 mg/m2 in dextrose
5% 500 mL chemo IVPB**

Dose: 85 mg/m2 Route: intravenous once over 2 Hours for 1 dose
Offset: 3 Hours

Instructions:
Irritant - avoid extravasation. Flush line with
D5W before and after oxaliplatin infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	OXALIPLATIN 100 MG/20 ML INTRAVENOUS SOLUTION	Medications	85 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

**fluorouracil (ADRUCIL) 3,200 mg/m2 in sodium
chloride 0.9 % 100 mL chemo infusion -
AMBULATORY PUMP**

Dose: 3,200 mg/m2 Route: intravenous once over 48 Hours for 1 dose
Offset: 3.25 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	3,200 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 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

Nursing Orders

ONC NURSING COMMUNICATION 11

Interval: -- Occurrences: --
Comments: Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

ONC NURSING COMMUNICATION 12

Interval: -- Occurrences: --
Comments: Assess and notify provider for persistent neuropathy (Grade 2).

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- 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 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.

Day 3

Perform every 1 day x1

Appointment Requests

**ONC PUMP DISCONNECT APPOINTMENT
REQUEST**

Interval: -- Occurrences: --

Discharge Nursing Orders

DISCONNECT CONTINUOUS INFUSION PUMP

Interval: -- 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).