OP INOTUZUMAB OZOGAMICIN CONSOLIDATION

Types: ONCOLOGY TREATMENT

Synonyms: BESPONSA, CONSOLIDATION, BESPONSA CONSOLIDATION

Cycle 1 Day 1	Repeat 1	time	Cycle length: 28 days	Perform every 1 day x1
Appoin	tment Requests INFUSION APPOINTMI Interval:	ENT REQUEST Occurrences:		
Labs				
	COMPREHENSIVE ME	TABOLIC PANEL		
	Interval:	Occurrences:		
	CBC WITH PLATELET	AND DIFFERENTIAL		
	Interval:	Occurrences:		
	☑ MAGNESIUM LEVEL			
	Interval:	Occurrences:		
Line FI				
	sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN	
Nursing	g 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 c	lose
Hydrati				
	sodium chloride 0.9 % Dose: 500 mL Start: S	infusion 500 mL Route: intravenous	once @ 500 mL/hr for 1	dose
Pre-Me	edications			
	acetaminophen (TYLE) Dose: 650 mg Start: S Instructions: Administer 30 minutes	NOL) tablet 650 mg Route: oral s prior to chemotherapy.	once for 1 dose	
Pre-Me	edications			
	Dose: 25 mg Start: S Instructions:	NADRYL) tablet 25 mg Route: oral	once for 1 dose	
Pre-Me	edications			
	hydrocortisone sodium (Solu-CORTEF) injection Dose: 100 mg Instructions: Administer via slow IV chemotherapy.		once for 1 dose	
Chemo	therapy			

	inotuzumab ozogamic mg/m2 in sodium chlo (RESTRICTED)	ride 0.9% 50 mL IVPB					
	Dose: 0.5 mg/m2	Route: intravenous	once over 1 H Offset: 30 Mir		dose		
	Instructions: Do not mix with or administer as an infusion with other drugs. If refrigerated, allow admixtures to warm to room temperature for						
	Ingredients:	prior to administration. Name INOTUZUMAB OZOGAMICIN 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) IV SOLN	Type Medications	Dose 0.5 mg/m2		Adds Vol. Yes	
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes	
Nursir	ng Orders						
	ONC NURSING COMM						
	Interval: Comments:	Occurrences: Observe for symptoms of after the end of the infus		ction during	g and for at	least 1 hour	
Hema	tology & Oncology Hypersen	sitivity Reaction Standing	n Order				
	ONC NURSING COMM		9 0 1 0 0 1				
	Interval:	Occurrences:	<i>,</i> .				
	Comments:	Grade 1 - MILD Sympto only – itching, flushing, p					
		1. Stop the infusion.	Senorbital ede	illa, 1a511, C		56)	
		2. Place the patient on c	ontinuous mo	nitoring.			
		3. Obtain vital signs.	line at 50 ml	nor hour u	oina o now	bag and now	
		 Administer Normal Sa intravenous tubing. 			sing a new	bay and new	
		5. If greater than or equa	al to 30 minutes since the last dose of				
		Diphenhydramine, admi once.	nister Diphenh	nydramine :	25 mg intra	venous	
		6. If less than 30 minute					
		administer Fexofenadine intravenous once.	e 180 mg orall	y and Fam	otidine 20 r	ng	
		7. Notify the treating phy					
		8. If no improvement aft (Moderate) or Grade 3 (advance l	evel of care	e to Grade 2	
		9. Assess vital signs eve	ery 15 minutes		ution of syr	nptoms or	
		otherwise ordered by co	vering physici	an.			
	ONC NURSING COMM	UNICATION 4					
	Interval:	Occurrences:	0				
	Comments:	Grade 2 – MODERATE gastrointestinal symptor vomiting, dizziness, diap back pain)	ns – shortness	of breath,	wheezing,	nausea,	
		 Stop the infusion. Notify the CERT team 			mmediately	<i>'</i> .	
		 Place the patient on c Obtain vital signs. 	continuous mo	nitoring.			
		5. Administer Oxvaen at	2 L per minut	<mark>e via nasa</mark> l	cannula. T	itrate 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

diphenhydrAMINE (BENADRYL) injection 25 mg 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 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 PRN 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 PRN Discharge Nursing Orders ONC NURSING COMMUNICATION 76 Interval: PRN		Interval: Comments:	 Occurrences: 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. 			
Dose: 25 mg Route: intravenous PRN Start: S fexofenadine (ALLEGRA) tablet 180 mg PRN Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 PRN Mg Dose: 20 mg Route: intravenous PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 PRN 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 Dose: 4 mg Route: intravenous PRN Start: S PRN Start: S Dose: 0.3 mg Route: subcutaneous PRN Start: S Start: S PRN Dose: 0.3 mg Route: subcutaneous PRN Start: S Ose: 0.3 mg Route: subcutaneous PRN Start: S ONC NURSING COMMUNICATION 76 PRN			ENADRYL) injection 25			
Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg mg Dose: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous 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 PRN PRN Discharge Nursing Orders ONC NURSING COMMUNICATION 76 PRN		Dose: 25 mg	Route: intravenous	PRN		
mg Dose: 20 mg Start: S Route: intravenous PRN 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 Discharge Nursing Orders ONC NURSING COMMUNICATION 76 Value 1000000000000000000000000000000000000		Dose: 180 mg		PRN		
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 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 ONC NURSING COMMUNICATION 76			20 mg/2 mL injection 20			
KSolu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg Dose: 4 mg Route: intravenous PRN 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		Dose: 20 mg	Route: intravenous	PRN		
Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg Dose: 4 mg Route: intravenous Dose: 4 mg Route: intravenous PRN Start: S PRN PRN epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S PRN PRN Discharge Nursing Orders ONC NURSING COMMUNICATION 76						
Dose: 4 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S Discharge Nursing Orders ONC NURSING COMMUNICATION 76				PRN		
Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Start: S Discharge Nursing Orders ONC NURSING COMMUNICATION 76						
injection syringe 0.3 mg Dose: 0.3 mg Start: S Discharge Nursing Orders ONC NURSING COMMUNICATION 76		Start: S				
Discharge Nursing Orders ONC NURSING COMMUNICATION 76		injection syringe 0.3 m Dose: 0.3 mg	ng			
ONC NURSING COMMUNICATION 76	Discharge					
		ONC NURSING COMM				

		Commonto	Discontinue IV/	
		Comments:	Discontinue IV.	
	Disch	arge Nursing Orders		
		🕢 sodium chloride 0.9 %	flush 20 mL	
		Dose: 20 mL	Route: intravenous	PRN
		☑ HEParin, porcine (PF) Dose: 500 Units	injection 500 Units Route: intra-catheter	once PRN
		Start: S Instructions: Concentration: 100 un Implanted Vascular Ad maintenance.	its/mL. Heparin flush for ccess Device	
Day 8		atment Deguests		Perform every 1 day x1
	Арроі	ntment Requests INFUSION APPOINTMI	ENT REQUEST	
		Interval:	Occurrences:	
	Labs			
			TABOLIC PANEL	
		Interval:	Occurrences:	
		CBC WITH PLATELET	AND DIFFERENTIAL	
		Interval:	Occurrences:	
		☑ MAGNESIUM LEVEL		
		Interval:	Occurrences:	
	Line F			
		sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN
	Nursi	ng 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
	Hydra			
		sodium chloride 0.9 % Dose: 500 mL Start: S	infusion 500 mL Route: intravenous	once @ 500 mL/hr for 1 dose
	Pre-N	ledications		
		acetaminophen (TYLE) Dose: 650 mg Start: S Instructions:	Route: oral	once for 1 dose
	Pro M	ledications	prior to chemotherapy.	
	FIG-IN	diphenhydrAMINE (BE Dose: 25 mg Start: S Instructions:	NADRYL) tablet 25 mg Route: oral	once for 1 dose
	Pre-N	ledications		
		hydrocortisone sodiun (Solu-CORTEF) injectio		

	Dose: 100 mg	Route: intravenous	once for 1 do	ose		
	Instructions: Administer via slow I chemotherapy.	V push 30 minutes prior t	0			
Chemoth	nerapy					
	(RESTRICTED) Dose: 0.5 mg/m2 Instructions: Do not mix with or ac with other drugs. If re admixtures to warm	oride 0.9% 50 mL IVPB Route: intravenous dminister as an infusion	once over 1 l Offset: 30 Mi Type Medications	nutes Dose		Adds Vol. Yes t
		SOLUTION				
Nursing	Orders					
	ONC NURSING COM Interval: Comments:	MUNICATION 2 Occurrences: Observe for symptoms after the end of the infu		ction durin	ng and for at	t least 1 hour
Hematol	ogy & Oncology Hyperse ONC NURSING COM Interval: Comments:	 Insitivity Reaction Standin MUNICATION 82 Occurrences: Grade 1 - MILD Sympton Only – itching, flushing, 1. Stop the infusion. 2. Place the patient on 3. Obtain vital signs. 4. Administer Normal S intravenous tubing. 5. If greater than or equilibrium big the standard sta	oms (cutaneou periorbital ede continuous mo aline at 50 mL al to 30 minute inister Diphen es since the lat ie 180 mg oral sysician. ter 15 minutes (Severe). rery 15 minutes	ema, rash, onitoring. . per hour u es since th hydramine st dose of ly and Fan , advance s until reso	or runny no using a new he last dose 25 mg intra Diphenhydr notidine 20 level of card	of avenous ramine, mg e to Grade 2
	ONC NURSING COM Interval: Comments:	MUNICATION 4 Occurrences: Grade 2 – MODERATE gastrointestinal sympto vomiting, dizziness, dia	ms – shortnes	s of breath	n, wheezing	, nausea,

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

	MUNICATION 83	
Interval:	Occurrences:	
Comments:		ymptoms (hypoxia, hypotension, or neurologic
		is or O2 saturation less than 92%, hypotension
		ssure less than 90 mmHg, confusion, collapse,
	loss of consciousness	, or incontinence)
	1. Stop the infusion.	am and treating physician immediately.
		i continuous monitoring.
	4. Obtain vital signs.	r continuous monitoring.
		han 50 or greater than 120, or blood pressure is
	less than 90/50 mmHg	, place patient in reclined or flattened position.
		at 2 L per minute via nasal cannula. Titrate to
		n of greater than or equal to 92%.
	bag and new intraven	Saline at 1000 mL intravenous bolus using a new
		rtisone 100 mg intravenous (if patient has allergy
	to Hydrocortisone, ple	ase administer Dexamethasone 4 mg intravenous)
	and Famotidine 20 mg	
		rine (1:1000) 0.3 mg subcutaneous.
	10. Assess vital signs	every 15 minutes until resolution of symptoms or
	otherwise ordered by	
	otherwise ordered by	covering physician.
• • •	otherwise ordered by a	
mg	BENADRYL) injection 25	5. <i>5</i>
mg Dose: 25 mg	-	
mg Dose: 25 mg Start: S	BENADRYL) injection 25	5. <i>5</i>
mg Dose: 25 mg Start: S fexofenadine (ALLEC	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg	PRN
mg Dose: 25 mg Start: S fexofenadine (ALLEO Dose: 180 mg	BENADRYL) injection 25	5. <i>5</i>
mg Dose: 25 mg Start: S fexofenadine (ALLEC Dose: 180 mg Start: S	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral	PRN PRN
mg Dose: 25 mg Start: S fexofenadine (ALLEO Dose: 180 mg Start: S famotidine (PEPCID)	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg	PRN PRN
mg Dose: 25 mg Start: S fexofenadine (ALLEC Dose: 180 mg Start: S	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral	PRN PRN
mg Dose: 25 mg Start: S fexofenadine (ALLEC Dose: 180 mg Start: S famotidine (PEPCID) mg	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2	PRN PRN 0
mgDose: 25 mgStart: Sfexofenadine (ALLECDose: 180 mgStart: Sfamotidine (PEPCID)mgDose: 20 mgStart: Shydrocortisone sodi	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2 Route: intravenous um succinate	PRN PRN 0
mg Dose: 25 mg Start: S fexofenadine (ALLEC Dose: 180 mg Start: S famotidine (PEPCID) mg Dose: 20 mg Start: S hydrocortisone sodi (Solu-CORTEF) injec	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2 Route: intravenous um succinate ction 100 mg	PRN PRN 0 PRN
mgDose: 25 mgStart: Sfexofenadine (ALLECDose: 180 mgStart: Sfamotidine (PEPCID)mgDose: 20 mgStart: Shydrocortisone sodi	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2 Route: intravenous um succinate	PRN PRN 0
mg Dose: 25 mg Start: S fexofenadine (ALLEC Dose: 180 mg Start: S famotidine (PEPCID) mg Dose: 20 mg Start: S hydrocortisone sodi (Solu-CORTEF) injec Dose: 100 mg	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2 Route: intravenous um succinate ction 100 mg	PRN PRN PRN PRN
mg Dose: 25 mg Start: S fexofenadine (ALLEC Dose: 180 mg Start: S famotidine (PEPCID) mg Dose: 20 mg Start: S hydrocortisone sodi (Solu-CORTEF) inject Dose: 100 mg dexamethasone (DE Dose: 4 mg	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2 Route: intravenous um succinate stion 100 mg Route: intravenous	PRN PRN PRN PRN
mgDose: 25 mgStart: Sfexofenadine (ALLECDose: 180 mgStart: Sfamotidine (PEPCID)mgDose: 20 mgStart: Shydrocortisone sodi(Solu-CORTEF) injectDose: 100 mgdexamethasone (DECDose: 4 mgStart: S	BENADRYL) injection 25 Route: intravenous GRA) tablet 180 mg Route: oral 20 mg/2 mL injection 2 Route: intravenous um succinate stion 100 mg Route: intravenous CADRON) injection 4 m	<pre>PRN PRN PRN PRN PRN PRN PRN PRN </pre>

			injection syringe 0.3 m Dose: 0.3 mg Start: S	g Route: subcutaneous	PRN
	Disch	arge	Nursing Orders		
			ONC NURSING COMM		
			Interval:	Occurrences:	
			Comments:	Discontinue IV.	
	Disch	arge	Nursing Orders		
			sodium chloride 0.9 %	flush 20 ml	
		•	Dose: 20 mL	Route: intravenous	PRN
			D030. 20 III2	noute. Intravenous	1100
		\checkmark	HEParin, porcine (PF) i	injection 500 Units	
			Dose: 500 Units	Route: intra-catheter	once PRN
			Start: S Instructions:		
				its/mL. Heparin flush for	
			Implanted Vascular Ac		
			maintenance.		
Day		intma	ent Requests		Perform every 1 day x1
	Арроі		INFUSION APPOINTME	ENT REQUEST	
			Interval:	Occurrences:	
	Labs				
		\checkmark	COMPREHENSIVE ME	TABOLIC PANEL	
			Interval:	Occurrences:	
		\checkmark	CBC WITH PLATELET	AND DIFFERENTIAL	
			Interval:	Occurrences:	
		7	MAGNESIUM LEVEL		
			Interval:	Occurrences:	
	Line F	-lush			
		1001	sodium chloride 0.9 %	flush 20 mL	
			Dose: 20 mL	Route: intravenous	PRN
		0	Start: S		
	Nursi	ng O	rders 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.		
	Hydra	ation	ro keep vein open.		
	Tyure		sodium chloride 0.9 %	infusion 500 mL	
			Dose: 500 mL Start: S	Route: intravenous	once @ 500 mL/hr for 1 dose
	Pro-M	lodio	ations		
	116-10	euic	acetaminophen (TYLE	NOL) tablet 650 mg	
			Dose: 650 mg	Route: oral	once for 1 dose
			Start: S		
			Instructions: Administer 30 minutes	prior to chemotherapy.	
	Pre-M	1edic	ations	,	
			diphenhydrAMINE (BE		
			Dose: 25 mg	Route: oral	once for 1 dose

	_					
	art: S structions:					
		prior to chemotherapy.				
Pre-Medicati	ons					
	drocortisone sodium					
	olu-CORTEF) injectio		once for 1 dos	20		
	05e. 100 mg	noule. Intravenous		56		
	structions:					
		push 30 minutes prior to	l de la companya de l			
	chemotherapy.					
Chemothera	py otuzumab ozogamici i	n (RESPONSA) 0.5				
m	g/m2 in sodium chlor ESTRICTED)					
		Route: intravenous	once over 1 H Offset: 30 Mir		dose	
	structions:	totale and totale a				
	Do not mix with or adm with other drugs. If refr					
	admixtures to warm to					
	approximately 1 hour p		-	_		
in	gredients:	Name INOTUZUMAB	Type Medications	Dose 0.5	Main	Adds Vol. Yes
		OZOGAMICIN 0.9	modicationic	mg/m2	Ingredient	
		MG(0.25 MG/ML				
		INITIAL CONCENTRATION)				
		IV SOLN				
		SODIUM	QS Base	50 mL	Yes	Yes
		CHLORIDE 0.9 % INTRAVENOUS				
		SOLUTION				
Nursing Orde	ers					
	NC NURSING COMMU	_				
		Occurrences: Observe for symptoms c	of infusion read	tion during	n and for at	least 1 hour
		after the end of the infus			g and for at	
		sitivity Reaction Standing	Order			
	NC NURSING COMMU terval:	JNICATION 82 Occurrences:				
		Grade 1 - MILD Sympton	ms (cutaneous	and subc	utaneous s	vmptoms
		only – itching, flushing, p				
		 Stop the infusion. Place the patient on c 	ontinuous mo	aitorina		
		3. Obtain vital signs.	ontinuous moi	monng.		
		4. Administer Normal Sa	line at 50 mL	per hour us	sing a new	bag and new
		intravenous tubing.	al to 20 minuto	a ainaa tha	laat daaa	of
		 If greater than or equa Diphenhydramine, admin 				
		once.		i jui anni i	_oga	
		6. If less than 30 minutes				
		administer Fexofenadine intravenous once.	e 180 mg orall	y and Fam	otidine 20 r	ng
		7. Notify the treating phy	rsician.			
		8. If no improvement after		advance le	evel of care	e to Grade 2
		(Moderate) or Grade 3 (3 9. Assess vital signs even		until resolu	ution of syr	nptoms or
		otherwise ordered by co			short of ogr	
		,	51 7			

ONC NURSING COMMUNICATION 4

	ONC NURSING COMM	IUNICATION 4	
	Interval: Comments:	 gastrointestinal sympton vomiting, dizziness, diaj back pain) 1. Stop the infusion. 2. Notify the CERT team 3. Place the patient on of 4. Obtain vital signs. 5. Administer Oxygen a maintain O2 saturation 6. Administer Normal Sanew intravenous tubing. 7. Administer Hydrocort to Hydrocortisone, please intravenous), Fexofenate intravenous once. 8. If no improvement afficiency. 	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		
	Interval: Comments:	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 Sc 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
		ENADRYL) 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
	•	20 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiu (Solu-CORTEF) inject		

(Solu-CORTEF) injection 100 ma

	Dose: 100 mg	Route: intravenous	PRN
	dexamethasone (DE)	CADRON) injection 4 mg	
	Dose: 4 mg	Route: intravenous	PRN
	Start: S		
	epINEPHrine (ADREI injection syringe 0.3	NALIN) 1 mg/10 mL ADU mg	LT
	Dose: 0.3 mg Start: S		PRN
Disch	arge Nursing Orders		
	ONC NURSING COM	MUNICATION 76	
	Interval:	Occurrences:	
	Comments:	Discontinue IV.	
<mark>Disch</mark>	arge Nursing Orders		
	✓ sodium chloride 0.9	% flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	Image: HEParin, porcine (PF	injection 500 Units	
	Dose: 500 Units	Route: intra-catheter	once PBN
	Start: S		
	Instructions:	unite/ml Honorin fluch for	
	Implanted Vascular	units/mL. Heparin flush for	
	maintenance.		