OP IPILIMUMAB / NIVOLUMAB X4 FOLLOWED BY NIVOLUMAB MONOTHERAPY - RENAL CELL CARCINOMA

Types:ONCOLOGY TREATMENTSynonyms:OPDIVO, YERVOY, RENAL CELL, RENAL

Cycles 1 to 4	Depect 4	1	Quele lengths Q1 deve
Cycles 1 to 4 Day 1	Repeat 4	times	Cycle length: 21 days Perform every 21 days x1
	intment Requests		
	INFUSION APPOINTM Interval:	ENT REQUEST Occurrences:	
Nursi	ng Orders		
	RESEARCH - INSERT	PERIPHERAL IV	
	Interval: Comments:	Occurrences: Start IV if needed	
	ASSESS IV SITE	0	
	Interval:	Occurrences:	
Line I	lush sodium chloride 0.9 %	fluch 20 ml	
	Dose: 20 mL Start: S	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
Labs	To keep vein open.		
Labs			
	Interval:	Occurrences:	
	CBC WITH PLATELET	AND DIFFERENTIAL	
	Interval:	Occurrences:	
	☑ MAGNESIUM LEVEL		
	Interval:	Occurrences:	
Labs			
	THYROID STIMULATI		
	Interval:	Occurrences:	
	T3, FREE Interval:	Occurrences:	
	T4, FREE Interval:	Occurrences:	
Outpa	atient Electrolyte Replaceme	nt Protocol	
	TREATMENT CONDIT	IONS 39	
	Interval: Comments:	Occurrences: Potassium (Normal ran	a = 2 E t = E Om E a/L
	Comments.		s for SCr less than 1.5. Otherwise, contact
		MD/NP	
			s only to same day lab value.
		o Serum potassion PO and contact MD/NF	um less than 3.0mEq/L, give 40mEq KCL IV or
			um 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

	TREATMENT CONDI	 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 replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign required
	Comments:	 Magnesium (Normal range 1.6 to 2.6mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Protocol applies only to same day lab value. 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
Nurci	ng Orders	
	TREATMENT CONDI Interval: Comments:	TIONS Occurrences: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; AST or ALT ABOVE 3 and up to 5x Upper Normal Limit or Total Bilirubin ABOVE 1.5 and up to 3x Upper Normal Limit; Creatinine ABOVE 1.5 and up to 6x Upper Normal Limit or ABOVE 1.5x from baseline.
Chen	notherapy	
	nivolumab (OPDIVO)	
	in-line filter. Do not a other medications.	L IVPB Route: intravenous once over 30 Minutes for 1 dose Offset: 30 Minutes Offset: 30 Minutes protein binding 0.22 micron shake. Do not mix with Flush IV line with NS at the Flush IV line with NS at the
	end of infusion. Ingredients:	NameTypeDoseSelectedAdds Vol.NIVOLUMAB 40Medications3 mg/kgMainYesMG/4 MLINTRAVENOUSSOLUTIONIngredientIngredientSODIUMQS Base100 mLYesYes
		CHLORIDE 0.9 % INTRAVENOUS SOLUTION
Nursi	ng Orders	
	ONC NURSING COM Interval: Comments:	MUNICATION 2 Occurrences: Start ipilimumab 30 minutes after completion of nivolumab infusion.

		DY) 1 mg/kg in sodium				
	chloride 0.9% chem Dose: 1 mg/kg	Route: intravenous	once over 90 Offset: 90 Mi		or 1 dose	
	Instructions: Administer through filter.	n a 0.2 or 0.22 micron inline				
	Start 30 minutes a infusion.	fter completion of Nivoluma	b			
	Ingredients:	Name IPILIMUMAB 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION	Type Medications	Dose 1 mg/kg	Selected Main Ingredient	Adds Vol. Yes t
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	I Base		No	Yes
Hema	atology & Oncology Hyper ONC NURSING COI Interval: Comments:	Occurrences:		s and sub	ntanoous s	symptome
	only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion. 2. Place the patient on continuous monitoring.					
		 Stop the infusion. Place the patient on 			, · · · ·	ise)
		 Stop the infusion. Place the patient on Obtain vital signs. Administer Normal S intravenous tubing. If greater than or equipiphenhydramine, administer 	continuous mo aline at 50 mL ial to 30 minute	nitoring. per hour u es since th	ising a new e last dose	bag and new
		 Stop the infusion. Place the patient on Obtain vital signs. Administer Normal S intravenous tubing. If greater than or equ 	continuous mo aline at 50 mL al to 30 minute inister Diphenh es since the las ie 180 mg orall	nitoring. per hour u es since th hydramine st dose of l	ising a new e last dose 25 mg intra Diphenhydr	bag and new of avenous amine,

ONC NURSING COMMUNICATION 4

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.
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:		mptoms (hypoxia, hypotension, or neurologic			
			s or O2 saturation less than 92%, hypotension			
		with systolic blood pres	ssure less than 90 mmHg, confusion, collapse,			
		loss of consciousness,	or incontinence)			
		 Stop the infusion. 				
			m and treating physician immediately.			
			continuous monitoring.			
		4. Obtain vital signs.				
			han 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			
			of greater than or equal to 92%. Saline at 1000 mL intravenous bolus using a new			
		bag and new intravence				
			rtisone 100 mg intravenous (if patient has allergy			
			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 c	overing physician.			
		BENADRYL) injection 25				
	mg		DDN			
	Dose: 25 mg Start: S	Route: intravenous	PRN			
		CDA tablet 190 mg				
	Dose: 180 mg	GRA) tablet 180 mg Route: oral	PRN			
	Start: S	noute: orai	1100			
) 20 mg/2 mL injection 20	D			
	mg	// _og/jootion	•			
	Dose: 20 mg	Route: intravenous	PRN			
	Start: S					
	hydrocortisone sod	ium succinate				
	(Solu-CORTEF) inje					
	Dose: 100 mg	Route: intravenous	PRN			
		ECADRON) injection 4 mg				
	Dose: 4 mg Start: S	Route: intravenous	PRN			
	injection syringe 0.	ENALIN) 1 mg/10 mL ADU 3 mg				
	Dose: 0.3 mg	Route: subcutaneous	PRN			
	Start: S					
Disch	arge Nursing Orders					
DISCI	0 0	0/ fluck 00 ml				
	✓ sodium chloride 0.9					
	Dose: 20 mL	Route: intravenous	PRN			

				iniantian 500 Unite	
			✓ HEParin, porcine (PF)	-	
			Dose: 500 Units Start: S	Route: intra-catheter	once PRN
			Instructions:		
				nits/mL. Heparin flush for	
			Implanted Vascular A		
			maintenance.		
		Discha	rge Nursing Orders		
			ONC NURSING COMM		
			Interval: Comments:	Occurrences: Discontinue IV.	
			Comments.	Discontinue IV.	
Cycle	- F 1-	0	Denset 4	times	Cuela lanatha 20 dava
Cycle	s 5 to Day 1	8	Repeat 4	times	Cycle length: 28 days Perform every 21 days x1
		Appoir	Itment Requests		
			INFUSION APPOINTM	ENT REQUEST	
			Interval:	Occurrences:	
		Nursin	g Orders		
			RESEARCH - INSERT	Occurrences:	
			Comments:	Start IV if needed	
			Commontor		
			ASSESS IV SITE		
			Interval:	Occurrences:	
		Line Fl			
			sodium chloride 0.9 %		DDN
			Dose: 20 mL Start: S	Route: intravenous	PRN
		Nursin	g Orders		
		i vui Siri	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.		
		Labs			
		Laus			
		_	Interval:	Occurrences:	
			CBC WITH PLATELET	AND DIFFERENTIAL	
		_	Interval:	Occurrences:	
			☑ MAGNESIUM LEVEL		
			Interval:	Occurrences:	
		Labs			
			THYROID STIMULATIN	NG HORMONE	
			Interval:	Occurrences:	
			T3, FREE	0	
		-	Interval: T4, FREE	Occurrences:	
			Interval:	Occurrences:	
		Outpat	ient Electrolyte Replacemer		
		Supu	TREATMENT CONDITI		
			Interval:	Occurrences:	
			Comments:	Potassium (Normal rang	
				o Protocol applies	s for SCr less than 1.5. Otherwise, contact

	0	Protocol applies only to same day la	ab value.
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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

required	Interval: Comments:	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 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
ing Ordere		o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS

Interval:	Occurrences:
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than
	100,000; AST or ALT ABOVE 3 and up to 5x Upper Normal Limit or Total
	Bilirubin ABOVE 1.5 and up to 3x Upper Normal Limit; Creatinine
	ABOVE 1.5 and up to 6x Upper Normal Limit or ABOVE 1.5x from
	baseline.

Chemotherapy

•	iouioiapy					
	nivolumab (OPDIVO) 4 chloride 0.9% 100 mL l	•				
	Dose: 480 mg	Route: intravenous	once over 30	Minutes for	or 1 dose	
	Start: S Instructions:	End: S				
	Administer with low pr	otein binding 0.22 micro	า			
	in-line filter. Do not sh	ake. Do not mix with				
	other medications. Flu end of infusion.	sh IV line with NS at the				
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	•	NIVOLUMAB 240	Medications	480 mg	Main	Yes
		MG/24 ML		Ū	Ingredient	
		INTRAVENOUS			U	
		SOLUTION				
		SODIUM	QS Base	52 mL	Yes	Yes
		CHLORIDE 0.9 %		-		
		INTRAVENOUS				
		SOLUTION				
		DEXTROSE 5 % IN	QS Base	100 mL	No	Yes
		DEXTROSE 5 % IN	QS Base	100 mL	No	Yes

WATER (D5W) INTRAVENOUS SOLUTION

	SOLUTION			
Hema		rsensitivity Reaction Standing Order		
	ONC NURSING CC	OMMUNICATION 82		
	ONC NURSING CC Interval: Comments:	 Occurrences: 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). 		
		 Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. 		
	ONC NURSING CC			
	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. 		
		OMMUNICATION 83		
	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 Oxvoen at 2 L per minute via nasal cannula. Titrate to		

		 Administer Normal Sa bag and new intravenou Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i Administer Epinephrin 	isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once. ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or
	diphenhydrAMINE (BE	NADRYL) injection 25	
	mg Dose: 25 mg Start: S	Route: intravenous	PRN
	fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN
	famotidine (PEPCID) 2	0 mg/2 mL injection 20	
	mg Dose: 20 mg Start: S	Route: intravenous	PRN
	hydrocortisone sodiur	n succinate	
	(Solu-CORTEF) injection Dose: 100 mg	on 100 mg Route: intravenous	PRN
	dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN
	epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUI ng Route: subcutaneous	_T PRN
Dischar	ge Nursing Orders		
[Z sodium chloride 0.9 %	flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
[HEParin, porcine (PF)	injection 500 Units	
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN
Dischar	ge Nursing Orders ONC NURSING COMM Interval: Comments:	UNICATION 76 Occurrences: Discontinue IV.	