

## OP IROX

*Types:* ONCOLOGY TREATMENT

*Synonyms:* IROX, COLORECTAL, IRINOTECAN, OXALOPLATIN, CAMPTOSAR, ELOXATIN, COLORECTAL , GI, GASTRO

<b>Cycles 1 to 4</b>	Repeat 4 times	Cycle length: 21 days
<b>Day 1</b>	Perform every 1 day x1	
Appointment Requests		
<input type="checkbox"/> <b>INFUSION APPOINTMENT REQUEST</b>	Interval: --	Occurrences: --
Labs		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>	Interval: --	Occurrences: --
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: --	Occurrences: --
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>	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 7

Interval: -- Occurrences: --  
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

## 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 (ZOFTRAN) 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 (ZOFTRAN) 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

Supportive Care

**LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg                      Route: intravenous                      PRN  
Start: S

**LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg                      Route: oral                      PRN  
Start: S

**Chemotherapy**

**irinotecan (CAMPTOSAR) 200 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 200 mg/m2                      Route: intravenous                      once over 90 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
Protect from light

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION	Medications	200 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 120 Minutes for 1 dose  
Offset: 2 Hours

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

<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	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

**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).

**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.

#### 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).