

OP LIPOSOMAL IRINOTECAN / LEUCOVORIN / FLUOROURACIL

Types: ONCOLOGY TREATMENT

Synonyms: FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, IRIN, ONIVYDE, ONI, PANC

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

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

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.

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

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

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

irinotecan liposomal (ONIVYDE) 70 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 70 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

Do not use in-line filters. Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	IRINOTECAN LIPOSOMAL 4.3 MG/ML	Medications	70 mg/m2	Main Ingredient	Yes
	INTRAVENOUS DEXTROSE 5 % IN WATER (D5W)	QS Base	500 mL	Yes	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base	500 mL	No	Yes

leucovorin 400 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 400 mg/m2 Route: intravenous once over 30 Minutes for 1 dose
Offset: 120 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Medications	400 mg/m2	Main Ingredient	Yes
	INTRAVENOUS DEXTROSE 5 % IN WATER (D5W)	QS Base	250 mL	No	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes

fluorouracil (ADRUCIL) 2,400 mg/m2 in sodium chloride 0.9 % 100 mL chemo infusion - AMBULATORY PUMP

Dose: 2,400 mg/m2 Route: intravenous once over 46 Hours for 1 dose
Offset: 150 Minutes

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	Medications	2,400 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W)	QS Base	100 mL	No	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	QS Base	100 mL	Yes	Yes

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).