

OP MFOLFOX6 / BEVACIZUMAB (EVERY 14 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, OXA, ELOXATIN, OXALIPLATIN, BEV, BEVACIZUMAB, AVAS, AVASTIN, COLORECTAL

Cycles 1 to 6	Repeat 6 times	Cycle length: 14 days
Day 1	Perform every 1 day x1	
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: -- Occurrences: --		
CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
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

Interval: --

Occurrences: --

Comments:

Do NOT administer within 28 days of surgery/procedure and until the surgical wound is fully healed or within 14 days of port placement.

Nursing Orders

TREATMENT CONDITIONS 5

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if PROTEIN 2+ is detected in UA.

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

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

End: S 11:30 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON

Medications

16 mg

Yes

No

HCL (PF) 4 MG/2

ML INJECTION

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

4 MG/ML

INJECTION

	SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
		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	Medications	130 mg	Main Yes
		INTRAVENOUS EMULSION			Ingredient
		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	once PRN
Start: S			
☐ LORAZepam (ATIVAN) tablet 1 mg			
Dose: 1 mg		Route: oral	once PRN
Start: S			

Chemotherapy

bevacizumab (AVASTIN) 5 mg/kg in sodium chloride 0.9 % 100 mL IVPB					
Dose: 5 mg/kg		Route: intravenous	once over 30 Minutes for 1 dose		
			Offset: 30 Minutes		
Ingredients:		Name	Type	Dose	Selected Adds Vol.
		BEVACIZUMAB 25 MG/ML	Medications	5 mg/kg	Main Yes
		INTRAVENOUS SOLUTION			Ingredient
		SODIUM	QS Base	100 mL	Yes Yes

CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

**leucovorin 400 mg/m2 in dextrose 5% 250 mL
chemo IVPB**

Dose: 400 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 1 Hours

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

LEUCOVORIN
CALCIUM 350 MG
SOLUTION FOR
INJECTION

Medications

400
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

**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: 1 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) 400 mg/m2 in sodium
chloride 0.9 % 50 mL chemo IVPB**

Dose: 400 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 3 Hours

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

FLUOROURACIL
500 MG/10 ML
INTRAVENOUS
SOLUTION

Medications

400
mg/m2

Main

Ingredient

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

No

Yes

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 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: 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	2,400 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).

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).