

## OP MFOLFOX6 / CETUXIMAB (EVERY 14 DAYS)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* FOLFIRI, IRINOTECAN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, LEUCO, OXAL, OXALIPLATIN, ELOATIN, CET, CETUXIMAB, ERB, HERB, ERBTIUX, HERBITUX, COLORECTAL

<b>Cycles 1 to 6</b>	Repeat 6 times	Cycle length: 14 days
<b>Day 1</b>	Perform every 1 day x1	
Appointment Requests		
<input checked="" 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

## Provider Communication

### ONC PROVIDER COMMUNICATION 2

Interval: -- Occurrences: --  
Comments: Tumor KRAS gene status should be determined prior to initiation of therapy. KRAS type: Please Push F2:115540219.

## 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 (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) INTRAVENOUS SOLUTION	Base	130 mL	Yes	Yes

WATER (D5W) IV  
 SOLP (EXCEL;  
 NON-PVC)  
 SODIUM Base 130 mL No Yes  
 CHLORIDE 0.9 % IV  
 SOLP  
 (EXCEL;NON-PVC)

Pre-Medications

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose  
 Start: S  
 Instructions:  
 Give 30 minutes prior to cetuximab.

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

**cetuximab (ERBITUX) 500 mg/m2 in 0 mL**

Dose: 500 mg/m2 Route: intravenous once over 120 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion.

1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes.

Rate of infusion not to exceed 10 mg/minute (5 mL/minute)

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes

**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: 2.5 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 %	QS Base	250 mL	No	Yes

INTRAVENOUS  
SOLUTION

**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: 2.5 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: 4.5 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: 4.75 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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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.



Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

**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).