Protocol Index

OP MFOLFOX6 / CETUXIMAB (EVERY 7 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOX, OXALIPLATIN, LEUCOVORIN, 5FU, 5-FLUOROURACIL, FLUOROURACIL, OXAL, LEUCO,

ELOX, ELOXATIN, COLORECTAL

Cycle 1	Repeat 1	time	Cycle length: 14 days	
Day 1				Perform every 1 day x1
Appo	intment Requests			
	INFUSION APPOINTMI Interval:	ENT REQUEST Occurrences:		
Labs				
	☑ COMPREHENSIVE ME	TABOLIC PANEL		
	Interval:	Occurrences:		
	☑ CBC WITH PLATELET	AND DIFFERENTIAL		
	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

Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEg/L, give 40mEg KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 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

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

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 w	th Oxaliplatin.				
Nursi	ng O		,				
		dextrose 5% infusion 2 Dose: 250 mL Start: S Instructions: To keep vein open for	Route: intravenous	once @ 30 m	L/hr for 1 d	lose	
		sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open. Oxaliplatin.	infusion 250 mL Route: intravenous Do NOT administer with	once @ 30 m	L/hr for 1 d	lose	
Pre-N	/ledic	ations					
			Noute: intravenous End: S 11:30 AM Name	once over 15	Dose	Selected	Adds Vol.
			ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION DEXAMETHASONE	Medications Medications	Č	Yes	No
			4 MG/ML INJECTION SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Always	Yes
			SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes
	П	ondansetron (ZOFRAN	I) tablet 16 mg				
		Dose: 16 mg Start: S	Route: oral End: S 11:30 AM	once for 1 dos	se		
		dexamethasone (DEC	ADRON) tablet 12 mg				
		Dose: 12 mg Start: S	Route: oral	once for 1 dos	se		
		palonosetron (ALOXI)	injection 0.25 mg				
		Dose: 250 mcg Start: S Instructions: For OUTPATIENT use	Route: intravenous End: S 3:00 PM	once for 1 dos	se		
		aprepitant (CINVANTI) (NON-PVC) 5% 130 mL	. IVPB	00	N.4' - 1 - 1	. 4 . 1 .	
		Dose: 130 mg Start: S	Route: intravenous End: S	once over 30	Minutes to	r 1 dose	
		Ingredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Type Medications	Dose 130 mg	Selected Main Ingredient	Adds Vol. Yes
			DEXTROSE 5 % IN	Base	130 mL	Yes	Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC) 130 mL SODIUM Base No Yes CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) **Pre-Medications** diphenhydrAMINE (BENADRYL) injection 25 Dose: 25 mg once for 1 dose Route: intravenous Start: S Instructions: Give 30 minutes prior to cetuximab. Supportive Care ○ LORAZepam (ATIVAN) injection 1 mg Route: intravenous once PRN Dose: 1 mg Start: S ○ LORAZepam (ATIVAN) tablet 1 mg once PRN Dose: 1 mg Route: oral Start: S Chemotherapy cetuximab (ERBITUX) 400 mg/m2 in 0 mL once over 120 Minutes for 1 dose Dose: 400 mg/m2 Route: intravenous 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** Medications 400 Main Yes MG/50 ML mg/m2 Ingredient **INTRAVENOUS** SOLUTION leucovorin 400 mg/m2 in dextrose 5% 250 mL chemo IVPB Dose: 400 mg/m2 Route: intravenous once over 120 Minutes for 1 dose Offset: 2.5 Hours Ingredients: Name Type Dose Selected Adds Vol. LEUCOVORIN Medications 400 Main Yes CALCIUM 350 MG Ingredient mg/m2 **SOLUTION FOR** INJECTION DEXTROSE 5 % IN QS Base 250 mL Yes Yes WATER (D5W) **INTRAVENOUS** SOLUTION SODIUM **QS** Base Yes 250 mL No

CHLORIDE 0.9 %

INTRAVENOUS
SOLUTION

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: 2.5 Hours

Instructions:

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

Ingredients: Name Type Dose Selected Adds Vol.

OXALIPLATIN 100 Medications 85 mg/m2 Main Yes MG/20 ML Ingredient

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 500 mL Yes Yes

WATER (D5W) INTRAVENOUS SOLUTION

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 Medications 400 Main Yes 500 MG/10 ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base 50 mL No Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

SODIUM Base 50 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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 Medications 2,400 Main Yes GRAM/100 ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 100 mL No Yes

WATER (D5W) INTRAVENOUS SOLUTION

SODIUM QS Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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 ma **PRN** Route: oral

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

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 ma Route: intravenous PRN

Start: S

epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT

injection syringe 0.3 mg

Dose: 0.3 mg Route: subcutaneous PRN

Occurrences: --

Start: S

Nursing Orders

ONC NURSING COMMUNICATION 11 Interval: --

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).

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: --Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76 Interval: --Occurrences: --Comments: Discontinue IV.

Discharge Nursing Orders

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.

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

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).

Day 8 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST Interval: -- Occurrences: --

Labs

☑ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

□ CBC WITH PLATELET AND DIFFERENTIAL

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

Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO 0

Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 0

Serum potassium 3.5 mEq/L or greater, do not give potassium 0

replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: --Occurrences: --

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. 0

Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium 0

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

Nursing Orders

TREATMENT CONDITIONS 4

Interval: --Occurrences: --

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than Comments:

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 **PRN** Route: intravenous

Start: S

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

Route: intravenous once PRN Dose: 1 mg

Start: S

LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once PRN

Start: S

Chemotherapy

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2 Route: intravenous once over 60 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.

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

mL/minute)

Selected Adds Vol. Ingredients: Name Dose Type

CETUXIMAB 100 Medications 250 Main Yes MG/50 ML mg/m2 Ingredient **INTRAVENOUS**

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.

SOLUTION

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

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: --

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or Comments:

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

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 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76 Interval: -- Occurrences: -Comments: Discontinue IV.

Discharge Nursing Orders

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.

Cycles 2 to 6 Repeat 5 times Cycle length: 14 days

Day 1 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

☑ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

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

Serum potassium 3.5 mEg/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

Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Nursing	Orders					
	TREATMENT CONDIT	_				
	Interval:	Occurrences:				
	Comments:	HOLD and notify provide				
		100,000; Total Bilirubin				
		times upper normal limit	; or Serum Cre	eatinine GF	REATER th	an 1.2
Line Flu	ish					
	dextrose 5% flush sy	ringe 20 ml				
	Dose: 20 mL	Route: intravenous	PRN			
	Start: S	riodic. Intravendos	1104			
	Instructions:					
	Administer ONLY for	Ovalinlatin				
	sodium chloride 0.9 %		DDN			
	Dose: 20 mL	Route: intravenous	PRN			
	Start: S					
	Instructions:	6				
	Do NOT administer v	vitn Oxaliplatin.				
Nursing	Orders					
	dextrose 5% infusion	250 mL				
	Dose: 250 mL	Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
	Start: S					
	Instructions:					
	To keep vein open fo	r Oxaliplatin.				
	sodium chloride 0.9 %	•				
	Dose: 250 mL		once @ 30 m	L/hr for 1 c	lose	
	Start: S		555 G 55	_,		
	Instructions:					
		Do NOT administer with				
	Oxaliplatin.	Do No Faammotor With				
D 14						
Pre-Ivie	dications	NI) 40				
	ondansetron (∠OFRA ✓ (DECADRON) 12 mg i	N) 16 mg, dexamethasor	ie			
	50 mL IVPB	n sodium chioride 0.9%				
		Douter introvenous	ones over 1E	Minutes fo	× 1 dooo	
	Dose:	Route: intravenous	once over 15	williutes to	i i dose	
	Start: S	End: S 11:30 AM	Tuma	Daga	Calastad	Adda Val
	Ingredients:	Name	Type	Dose		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	Base	50 mL	Always	Yes
		CHLORIDE 0.9 %				
		INTRAVENOUS				
		SOLUTION				
		DEXTROSE 5 % IN	Base		No	Yes
		WATER (D5W)				
		INTRAVÈNOUS				
		SOLUTION				
	☐ ondansetron (ZOFRA)	N) tablet 16 mg				
	Dose: 16 mg	Route: oral	once for 1 do	se		
	Start: S	End: S 11:30 AM		-		
	 dexamethasone (DEC 	ADRON) tablet 12 mg				
	Dose: 12 mg	Route: oral	once for 1 do	se		

	01-1-0					
	Start: S					
	□ palonosetron (ALOXI) Dose: 250 mcg Start: S	injection 0.25 mg Route: intravenous End: S 3:00 PM	once for 1 do	se		
	Instructions: For OUTPATIENT use					
	aprepitant (CINVANTI) (NON-PVC) 5% 130 mL Dose: 130 mg Start: S		once over 30	Minutes fo	r 1 dose	
	Ingredients:	Name APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Type Medications	Dose 130 mg	Selected Main Ingredient	Adds Vol. 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-M	ledications	(LKOLL, NOTT TO)				
1 10 10	diphenhydrAMINE (BE	NADRYL) injection 25				
	mg Dose: 25 mg Start: S Instructions: Give 30 minutes prior	Route: intravenous	once for 1 do	se		
Cunn		to cetuximas.				
Suppo	ortive Care					
	○ LORAZepam (ATIVAN)	injection 1 mg				
	Dose: 1 mg Start: S	Route: intravenous	once PRN			
	O LORAZepam (ATIVAN)	tablet 1 mg				
	Dose: 1 mg Start: S	Route: oral	once PRN			
Chem	otherapy					
	cetuximab (ERBITUX) Dose: 250 mg/m2	250 mg/m2 in 0 mL Route: intravenous	once over 60 Offset: 30 Mir		r 1 dose	
	filter. Do not shake. D	rotein binding 0.22 micror o not mix with other line with NS at the end	1			
	Rate of infusion not to mL/minute)	exceed 10 mg/minute (5				
	Ingredients:	Name CETUXIMAB 100 MG/50 ML INTRAVENOUS SOLUTION	Type Medications	Dose 250 mg/m2	Selected Main Ingredient	Adds Vol. Yes
	leucovorin 400 mg/m2 chemo IVPB	in dextrose 5% 250 mL				

Dose: 400 mg/m2	Route: intravenous	once over 1 H Offset: 1.5 H		dose	
Ingredients:	Name LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION	Type Medications	Dose 400 mg/m2		Adds Vol. 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 (FLOXAT	IN) 85 mg/m2 in dextros	se.			
5% 500 mL chemo IVP					
Dose: 85 mg/m2	Route: intravenous	once over 12 Offset: 2.5 Ho		or 1 dose	
Instructions:					
Irritant - avoid extrava	sation. Flush line with				
D5W before and after		_	_		
Ingredients:	Name	Туре	Dose		Adds Vol.
	OXALIPLATIN 100	Medications	85 mg/m2		Yes
	MG/20 ML INTRAVENOUS			Ingredient	
	SOLUTION DEXTROSE 5 % IN	OS Base	500 mL	Yes	Yes
	WATER (D5W)	QC Buoc	000 1112	100	100
	INTRAVÈNOUS				
	SOLUTION				
	SOLUTION				
fluorouracil (ADRUCIL chloride 0.9 % 50 mL c) 400 mg/m2 in sodium				
) 400 mg/m2 in sodium	once over 15 Offset: 4.5 Ho		r 1 dose	
chloride 0.9 % 50 mL o	.) 400 mg/m2 in sodium chemo IVPB Route: intravenous Name	once over 15 Offset: 4.5 Ho Type			Adds Vol.
chloride 0.9 % 50 mL o Dose: 400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS	once over 15 Offset: 4.5 Ho	ours		Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2	.) 400 mg/m2 in sodium chemo IVPB Route: intravenous Name FLUOROURACIL 500 MG/10 ML	once over 15 Offset: 4.5 Ho Type Medications	Durs Dose 400	Selected Main	Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	once over 15 Offset: 4.5 Ho Type Medications	Dose 400 mg/m2	Selected Main Ingredient	Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	once over 15 Offset: 4.5 Ho Type Medications Base	Durs Dose 400 mg/m2	Selected Main Ingredient No	Yes Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION	once over 15 Offset: 4.5 Ho Type Medications	Dose 400 mg/m2	Selected Main Ingredient	Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	once over 15 Offset: 4.5 Ho Type Medications Base	Durs Dose 400 mg/m2	Selected Main Ingredient No	Yes Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION SOLUTION CHLORIDE 0.9 %	once over 15 Offset: 4.5 Ho Type Medications Base	Durs Dose 400 mg/m2	Selected Main Ingredient No	Yes Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2 Ingredients:	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION SOLUTION SOLUTION CHLORIDE 0.9 % INTRAVENOUS	once over 15 Offset: 4.5 Ho Type Medications Base	Durs Dose 400 mg/m2	Selected Main Ingredient No	Yes
chloride 0.9 % 50 mL o Dose: 400 mg/m2 Ingredients:	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION OTHER (D5W) INTRAVENOUS SOLUTION	once over 15 Offset: 4.5 Ho Type Medications Base	Durs Dose 400 mg/m2	Selected Main Ingredient No	Yes Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION OTHER (D5W) INTRAVENOUS SOLUTION	once over 15 Offset: 4.5 Ho Type Medications Base	Durs Dose 400 mg/m2 50 mL Hours for	Selected Main Ingredient No Yes	Yes Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2 Instructions:	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION NERVENOUS SOLU	once over 15 Offset: 4.5 Ho Type Medications Base Base m once over 46	Durs Dose 400 mg/m2 50 mL Hours for	Selected Main Ingredient No Yes	Yes Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2 Instructions: Nurses to chart as Gl'	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION NECTION SOLUTION SOLUTION NECTION NE	once over 15 Offset: 4.5 Ho Type Medications Base Base m once over 46	Durs Dose 400 mg/m2 50 mL Hours for	Selected Main Ingredient No Yes	Yes Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2 Instructions: Nurses to chart as Gl' Administer via CADD	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION NECTION SOLUTION SOLUTION NECTION NE	once over 15 Offset: 4.5 Ho Type Medications Base Base m once over 46	Durs Dose 400 mg/m2 50 mL Hours for	Selected Main Ingredient No Yes	Yes Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2 Instructions: Nurses to chart as Gl'	Name FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION CHLORIDE 0.9 % INTRAVENOUS SOLUTION OF A CONTROL OF A	once over 15 Offset: 4.5 Ho Type Medications Base Base m once over 46 Offset: 4.75 Ho Type	Durs Dose 400 mg/m2 50 mL 50 mL Hours for Hours	Selected Main Ingredient No Yes	Yes Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2 Instructions: Nurses to chart as Gl' Administer via CADD	Name FLUOROURACIS SOLUTION NERVENOUS SOLUTION SOLUTION NERVENOUS SOLUTION NERVENOUS SOLUTION SOLUTION NERVENOUS SOLUTION NOTE: intravenous VEN on the MAR. pump. Name FLUOROURACIL 5 GRAM/100 ML	once over 15 Offset: 4.5 Ho Type Medications Base Base m once over 46 Offset: 4.75 Ho Type	Dose 400 mg/m2 50 mL 50 mL Hours for Hours	Selected Main Ingredient No Yes 1 dose	Yes Yes Yes Adds Vol. Yes
chloride 0.9 % 50 mL of Dose: 400 mg/m2 Ingredients: fluorouracil (ADRUCIL chloride 0.9 % 100 mL AMBULATORY PUMP Dose: 2,400 mg/m2 Instructions: Nurses to chart as Gl' Administer via CADD	Name FLUOROURACIL SOLUTION NERVENOUS SOLUTION NERVENOUS SOLUTION NERVENOUS SOLUTION SOLUTION SOLUTION NERVENOUS SOLUTION NOTE: intravenous VEN on the MAR. pump. Name FLUOROURACIL 5	once over 15 Offset: 4.5 Ho Type Medications Base Base m once over 46 Offset: 4.75 Ho Type	Dose 400 mg/m2 50 mL 50 mL Hours for Hours	Selected Main Ingredient No Yes 1 dose Selected Main	Yes Yes Yes Adds Vol. Yes

DEXTROSE 5 % IN QS Base 100 mL No Yes

WATER (D5W) INTRAVENOUS SOLUTION

SODIUM QS Base 100 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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).

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --

Discontinue IV. Comments: Discharge Nursing Orders **PRN** Dose: 20 mL Route: intravenous ☑ HEParin, porcine (PF) injection 500 Units Dose: 500 Units once PRN Route: intra-catheter Start: S Instructions: 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 Dose: 20 mL **PRN** Route: intravenous 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). Day 8 Perform every 1 day x1 **Appointment Requests INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --**CBC WITH PLATELET AND DIFFERENTIAL** 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 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

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

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

Serum Magnesium 1.6 mEg/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

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) 250 mg/m2 in 0 mL

Dose: 250 mg/m2 Route: intravenous once over 60 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.

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 Medications 250 Main Yes mg/m2 Ingredient

SOLUTION

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 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: -Comments: Discontinue IV.

Discharge Nursing Orders

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.