

OP MODIFIED FOLFIRINOX (EVERY 2 WEEKS)

Types: ONCOLOGY TREATMENT

Synonyms: MODIFIED FOLFIRINOX, FLUOROURACIL , LEUCOVORIN, OXALIPLATIN , IIRINOTECAN , AGE, CAMPTOSAR, ADRUCIL, ELOXATIN, FLOW, IRENE, PANCREATIC, PANCREAS

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			
		☒ 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
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

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

Yes

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

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

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: 30 Minutes

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
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION

Medications

85 mg/m2

Main

Yes

Ingredient

QS Base

500 mL

Yes

Yes

leucovorin 400 mg/m2 in dextrose 5% 250 mL

IVPB

Dose: 400 mg/m2

Route: intravenous

once over 2 Hours for 1 dose

Offset: 30 Minutes

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

LEUCOVORIN CALCIUM 350 MG SOLUTION FOR INJECTION
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

Medications

400 mg/m2

Main

Yes

Ingredient

QS Base

250 mL

Yes

Yes

QS Base

250 mL

No

Yes

irinotecan (CAMPTOSAR) 150 mg/m2 in

dextrose 5% 500 mL chemo IVPB

Dose: 150 mg/m2

Route: intravenous

once over 90 Minutes for 1 dose

Offset: 2.5 Hours

Instructions:

Protect from light

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

IRINOTECAN 100 MG/5 ML INTRAVENOUS SOLUTION
DEXTROSE 5 % IN WATER (D5W)

Medications

150 mg/m2

Main

Yes

Ingredient

QS Base

500 mL

Yes

Yes

INTRAVENOUS
SOLUTION
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

500 mL

No

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: 4.5 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

Start: S

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).

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.

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).