

## OP MOXETUMOMAB EVERY 28 DAYS

Types: ONCOLOGY TREATMENT  
Synonyms: LUMOXITI, HAIRY, CELL, LEUKEMIA

Take Home Medications		Repeat 1 time	Cycle length: 7 days
<b>Day 1</b>			Perform every 1 day x1
Take-Home Medications Prior to Treatment			
<b>aspirin (ECOTRIN) 81 MG enteric coated tablet</b>			
Dose: 81 mg	Route: oral	daily	
Dispense: --	Refills: --		
Start: S	End: S+8		
Instructions: Take from days 1 to 8.			
<b>dexAMETHasone (DECADRON) 4 MG tablet</b>			
Dose: 4 mg	Route: oral	2 times daily with meals	
Dispense: --	Refills: --		
Start: S			
Cycle 1		Repeat 1 time	Cycle length: 28 days
<b>Days 1,3,5</b>			Perform every 2 days x3
Appointment Requests			
<b>ONC INFUSION APPOINTMENT REQUEST 12</b>			
Interval: --	Occurrences: --		
Line Flush			
<b>sodium chloride 0.9 % flush 20 mL</b>			
Dose: 20 mL	Route: intravenous	PRN	
Start: S			
Nursing Orders			
<b>sodium chloride 0.9 % infusion 250 mL</b>			
Dose: 250 mL	Route: intravenous	once @ 30 mL/hr for 1 dose	
Start: S			
Instructions: To keep vein open.			
Nursing Orders			
<b>ONC NURSING COMMUNICATION 2</b>			
Interval: --	Occurrences: --		
Comments:	Check patient has been prescribed with aspirin 81 mg po daily days 1-8 and dexamethasone 4mg po bid (duration to be specified per MD)		
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: --		
<input checked="" type="checkbox"/> <b>LDH</b>			
Interval: --	Occurrences: --		
<input checked="" type="checkbox"/> <b>URIC ACID LEVEL</b>			
Interval: --	Occurrences: --		

**PHOSPHORUS LEVEL**

Interval: -- Occurrences: --

Labs

**CALCIUM LEVEL**

Interval: -- Occurrences: --

Pre-Hydration

**sodium chloride 0.9 % bolus 1,000 mL**

Dose: 1,000 mL Route: intravenous once for 1 dose  
Start: S End: S

Instructions:

If patient weights LESS than 50 kg, infuse NS  
1,000 mL over 2 to 4 hours

**sodium chloride 0.9 % bolus 500 mL**

Dose: 500 mL Route: intravenous once for 1 dose  
Start: S End: S

Instructions:

If patient weights GREATER or EQUAL to 50  
kg, infuse NS 500 mL over 1 to 2 hours

Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose  
Start: S

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose  
Start: S

Chemotherapy

**moxetumomab pasudotox-tdfk (LUMOXITI)  
0.04 mg/kg in sodium chloride 0.9% 50 mL  
IVPB**

Dose: 0.04 mg/kg Route: intravenous once over 30 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:

Stable at room temperature for up to 4 hours  
after mixing. Protect from light.

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
MOXETUMOMAB PASUDOTOX-TDFK 1 MG INTRAVENOUS SOLUTION	Medications	0.04 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 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.

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

## Post-Hydration

 **sodium chloride 0.9 % bolus 1,000 mL**Dose: 1,000 mL      Route: intravenous      once for 1 dose  
Start: S      End: S

## Instructions:

If patient weights LESS than 50 kg, infuse NS 1,000 mL over 2 to 4 hours

 **sodium chloride 0.9 % bolus 500 mL**Dose: 500 mL      Route: intravenous      once for 1 dose  
Start: S      End: S

## Instructions:

If patient weights GREATER or EQUAL to 50 kg, infuse NS 500 mL over 1 to 2 hours

## 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.

Cycles 2 to 6

Repeat 5 times

Cycle length: 28 days

Day 1

Perform every 0 days x1

## Appointment Requests

**ONC INFUSION APPOINTMENT REQUEST 12**

Interval: --      Occurrences: --

## 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.

**Nursing Orders**

**ONC NURSING COMMUNICATION 2**

Interval: --                      Occurrences: --

Comments:                      Check patient has been prescribed with aspirin 81 mg po daily days 1-8 and dexamethasone 4mg po bid (duration to be specified per MD)

**Labs**

**COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

**MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

**LDH**

Interval: --                      Occurrences: --

**URIC ACID LEVEL**

Interval: --                      Occurrences: --

**PHOSPHORUS LEVEL**

Interval: --                      Occurrences: --

**Labs**

**CALCIUM LEVEL**

Interval: --                      Occurrences: --

**Pre-Hydration**

**sodium chloride 0.9 % bolus 1,000 mL**

Dose: 1,000 mL                      Route: intravenous                      once for 1 dose  
Start: S                      End: S

Instructions:  
If patient weights LESS than 50 kg, infuse NS 1,000 mL over 2 to 4 hours

**sodium chloride 0.9 % bolus 500 mL**

Dose: 500 mL                      Route: intravenous                      once for 1 dose  
Start: S                      End: S

Instructions:  
If patient weights GREATER or EQUAL to 50 kg, infuse NS 500 mL over 1 to 2 hours

**Pre-Medications**

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                      once for 1 dose  
Start: S

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once for 1 dose  
Start: S

## Chemotherapy

### **moxetumomab pasudotox-tdfk (LUMOXITI)**

**0.04 mg/kg in sodium chloride 0.9% 50 mL**

**IVPB**

Dose: 0.04 mg/kg      Route: intravenous      once over 30 Minutes for 1 dose  
Offset: 30 Minutes

#### Instructions:

Stable at room temperature for up to 4 hours  
after mixing. Protect from light.

#### Ingredients:

Name	Type	Dose	Selected	Adds Vol.
MOXETUMOMAB	Medications	0.04	Main	Yes
PASUDOTOX-TDFK		mg/kg	Ingredient	
1 MG				
INTRAVENOUS				
SOLUTION				
SODIUM	QS Base	50 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

Post-Hydration

**sodium chloride 0.9 % bolus 1,000 mL**

Dose: 1,000 mL

Route: intravenous

once for 1 dose

Start: S

End: S

Instructions:

If patient weights LESS than 50 kg, infuse NS 1,000 mL over 2 to 4 hours

**sodium chloride 0.9 % bolus 500 mL**

Dose: 500 mL

Route: intravenous

once for 1 dose





1,000 mL over 2 to 4 hours

○ **sodium chloride 0.9 % bolus 500 mL**

Dose: 500 mL                      Route: intravenous                      once for 1 dose  
Start: S                              End: S  
Instructions:  
If patient weights GREATER or EQUAL to 50 kg, infuse NS 500 mL over 1 to 2 hours

Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                              once for 1 dose  
Start: S

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      once for 1 dose  
Start: S

Chemotherapy

**moxetumomab pasudotox-tdfk (LUMOXITI) 0.04 mg/kg in sodium chloride 0.9% 50 mL IVPB**

Dose: 0.04 mg/kg                      Route: intravenous                      once over 30 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
Stable at room temperature for up to 4 hours after mixing. Protect from light.

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
MOXETUMOMAB PASUDOTOX-TDFK 1 MG INTRAVENOUS SOLUTION	Medications	0.04 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 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 Svmtoms (cardiovascular. respiratorv. 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.
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

Post-Hydration

**sodium chloride 0.9 % bolus 1,000 mL**

Dose: 1,000 mL      Route: intravenous      once for 1 dose

Start: S      End: S

Instructions:

If patient weights LESS than 50 kg, infuse NS  
1,000 mL over 2 to 4 hours

**sodium chloride 0.9 % bolus 500 mL**

Dose: 500 mL      Route: intravenous      once for 1 dose

Start: S      End: S

Instructions:

If patient weights GREATER or EQUAL to 50  
kg, infuse NS 500 mL over 1 to 2 hours

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.