OP NIVOLUMAB (480 MG FLAT DOSE) EVERY 4 WKS

Types: ONCOLOGY TREATMENT

Synonyms: NEEV, OPDI, NIVO, NON, NSCL, LUNG, NIVOLUMAB, OPDIVO, FLAT, 480

Dose 1	Repeat 1 ti	ime Cycle length: 28 days
Day 1		Perform every 1 day x1
App	ointment Requests INFUSION APPOINTME	ENT REQUEST
		Occurrences:
Lab	S	
	CBC WITH PLATELET	AND DIFFERENTIAL
		Occurrences:
	COMPREHENSIVE MET	
	_	Occurrences:
	✓ MAGNESIUM LEVEL	
		Occurrences:
	☑ THYROID STIMULATIN	G HORMONE
	Interval:	Occurrences:
	☑ T3, FREE	
	Interval:	Occurrences:
	☑ T4, FREE	
	Interval:	Occurrences:
	□ LDH	
	Interval:	Occurrences:
	☐ URIC ACID LEVEL	
	Interval:	Occurrences:
Out	patient Electrolyte Replacement	
	TREATMENT CONDITION Interval:	ONS 39 Occurrences:
		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 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
		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 CONDITION	
		Occurrences: Magnesium (Normal range 1.6 to 2.6mEq/L)
	Comments.	o Protocol applies for SCr less than 1.5. Otherwise. contact

MD/NP

Protocol applies only to same day lab value. O

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 0

sulfate IV

Serum Magnesium 1.3 to 1.5mEg/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 11

Interval: --Occurrences: --

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

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL **PRN** Route: intravenous

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.

Chemotherapy

nivolumab (OPDIVO) 480 mg in sodium chloride 0.9% 100 mL IVPB

Dose: 480 mg

Route: intravenous once over 30 Minutes for 1 dose

Start: S End: S

Instructions:

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

end of infusion.

Ingredients: Name Type Dose Selected Adds Vol.

NIVOLUMAB 240 Medications 480 mg Main Yes MG/24 ML Ingredient **INTRAVENOUS** SOLUTION

SODIUM QS Base 52 mL Yes Yes CHLORIDE 0.9 %

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 100 mL Yes No

WATER (D5W) **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 **PRN** Route: subcutaneous Start: S Discharge Nursing Orders **ONC NURSING COMMUNICATION 76** Occurrences: --Interval: --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. Dose 2 Repeat 1 time Cycle length: 28 days Day 1 Perform every 1 day x1 Appointment Requests **INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs □ CBC WITH PLATELET AND DIFFERENTIAL Interval: --Occurrences: --☑ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --

☑ THYROID STIMULATING HORMONE Interval: -- Occurrences: -☑ T3, FREE Interval: -- Occurrences: -☑ T4, FREE Interval: -- Occurrences: -□ LDH Interval: -- Occurrences: -□ URIC ACID 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

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

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

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 11

Interval: -- Occurrences: --

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

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL

Route: intravenous

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL once @ 30 mL/hr for 1 dose Route: intravenous

Start: S Instructions:

To keep vein open.

Chemotherapy

nivolumab (OPDIVO) 480 mg in sodium

chloride 0.9% 100 mL IVPB

Dose: 480 ma Route: intravenous once over 30 Minutes for 1 dose

Start: S End: S

Instructions:

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

end of infusion.

Ingredients: Type Dose Selected Adds Vol. Name

PRN

NIVOLUMAB 240 Medications 480 mg Main Yes MG/24 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base Yes 52 mL Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 100 mL No Yes

WATER (D5W) **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

ma

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 **PRN** Route: subcutaneous Start: S 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. Dose 3 Repeat 1 time Cycle length: 28 days Day 1 Perform every 1 day x1 Appointment Requests INFUSION APPOINTMENT REQUEST Interval: --Occurrences: --Labs CBC WITH PLATELET AND DIFFERENTIAL Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --**☑ MAGNESIUM LEVEL** Interval: --Occurrences: -- ▼ THYROID STIMULATING HORMONE Interval: --Occurrences: --✓ T3, FREE Interval: --Occurrences: --▼ T4, FREE Interval: --Occurrences: --□ LDH Interval: --Occurrences: --**□ URIC ACID LEVEL** Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact 0 MD/NP Protocol applies only to same day lab value. 0 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 3.4mEg/L, give 20mEg 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 11

Interval: -- Occurrences: --

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

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

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.

Chemotherapy

nivolumab (OPDIVO) 480 mg in sodium

chloride 0.9% 100 mL IVPB

Dose: 480 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S End: S

Instructions:

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

MG/24 ML

INTRAVENOUS

end of infusion.

Ingredients: Name Type Dose Selected Adds Vol.

NIVOLUMAB 240 Medications 480 mg

Main Yes Ingredient **SOLUTION**

SODIUM QS Base 52 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 100 mL No Yes

WATER (D5W) 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 – MOI

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

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.

Dose 4 Repeat 1 time Cycle length: 28 days
Day 1

INFUSION APPOINTMENT REQUEST Interval: --Occurrences: --Labs □ CBC WITH PLATELET AND DIFFERENTIAL Occurrences: --Interval: -- □ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --☑ THYROID STIMULATING HORMONE Interval: --Occurrences: --▼ T3, FREE Interval: --Occurrences: -- **✓ T4, FREE** Interval: --Occurrences: --□ LDH Interval: --Occurrences: --**□** URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Protocol applies only to same day lab value. 0 Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP Serum potassium 3.0 to 3.2mEg/L, give 40mEg KCL IV or PO Serum potassium 3.3 to 3.4mEg/L, give 20mEg KCL IV or PO Serum potassium 3.5 mEq/L or greater, do not give potassium 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 0 Protocol applies only to same day lab value. 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 Serum Magnesium 1.3 to 1.5mEg/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 11

Interval: --Occurrences: --

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

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

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.

Chemotherapy

nivolumab (OPDIVO) 480 mg in sodium

chloride 0.9% 100 mL IVPB

Dose: 480 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S End: S

Instructions:

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

end of infusion.

Ingredients:	Name NIVOLUMAB 240 MG/24 ML INTRAVENOUS SOLUTION	Type Medications	Dose 480 mg	Selected Main Ingredient	Adds Vol. Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	52 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W)	QS Base	100 mL	No	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.

INTRAVENOUS 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: --

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 Start: S Route: intravenous

PRN

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg

Route: oral

PRN

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

mg **PRN** Dose: 20 mg Route: intravenous Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg Route: intravenous **PRN** Dose: 4 ma Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous **PRN** Start: S Discharge Nursing Orders **ONC NURSING COMMUNICATION 76** Interval: --Occurrences: --Comments: Discontinue IV. Discharge Nursing Orders PRN Dose: 20 mL Route: intravenous ☑ 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. Dose 5 Cycle length: 28 days Repeat 1 time Day 1 Perform every 1 day x1 Appointment Requests **INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs □ CBC WITH PLATELET AND DIFFERENTIAL Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --☑ THYROID STIMULATING HORMONE Interval: --Occurrences: --▼ T3, FREE Interval: --Occurrences: --✓ T4, FREE Interval: --Occurrences: --□ LDH Interval: --Occurrences: --

□ URIC ACID 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 3.0mEg/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

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 11

Interval: -- Occurrences: --

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

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

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.

Chemotherapy

nivolumab (OPDIVO) 480 mg in sodium

chloride 0.9% 100 mL IVPB

Dose: 480 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S End: S

Instructions:

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

end of infusion.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	NIVOLUMAB 240	Medications	480 mg	Main	Yes
	MG/24 ML			Ingredien ^e	t

INTRAVENOUS SOLUTION

SODIUM QS Base 52 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 100 mL No Yes

WATER (D5W) 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: intrave

Start: S

Route: intravenous PRN

epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg

Dose: 0.3 mg

Route: subcutaneous PRN

Start: S

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.

			maintenar	ice.		
Dose	6			Repeat 1 time	Cycle length: 28 days	
	Day 1			nepeat i time	Cycle length. 20 days	Perform every 1 day x1
	_	rioaa	ntment Requests			T CHOIIII CVCI y T day XT
				APPOINTMENT REQUEST		
			Interval:	Occurrences: -	-	
	L	abs				
			CBC WITH	PLATELET AND DIFFERE	NTIAL	
			 Interval:	Occurrences: -	_	
			_	ENSIVE METABOLIC PAN		
			Interval:	Occurrences: -	-	
			✓ MAGNESIU	M LEVEL		
			Interval:	Occurrences: -	-	
			THYROID S	TIMULATING HORMONE		
			_			
			Interval:	Occurrences: -	-	
			☑ T3, FREE			
			Interval:	Occurrences: -	-	
			✓ T4, FREE			
			Interval:	Occurrences: -	_	
				0 0000		
			□ LDH			
			Interval:	Occurrences: -	-	
			☐ URIC ACID	LEVEL		
			Interval:	Occurrences: -	-	
	O	utpa	tient Electrolyte F	Replacement Protocol		
				IT CONDITIONS 39		
			Interval:	Occurrences: -		
			Comments:		rmal range 3.5 to 5.0mEq/L)	thorwing contact
				o Protoci MD/NP	ol applies for SCr less than 1.5. C	unerwise, contact
					ol applies only to same day lab va	llue.
				o Serum	potassium less than 3.0mEq/L, g	
				PO and contac		
					potassium 3.0 to 3.2mEq/L, give	
					potassium 3.3 to 3.4mEq/L, give potassium 3.5 mEq/L or greater,	
				replacement	potassium o.s meq/e or greater,	do not give potassium
					nt meets criteria, order SmartSet	called "Outpatient
				Electrolyte Rep		
					ectrolyte replacement order as Pe	er protocol: cosign
				required		
			TREATMEN	IT CONDITIONS 40		
			Interval:	Occurrences: -		
			Comments:		ormal range 1.6 to 2.6mEq/L)	at t
				o Protoc	ol applies for SCr less than 1.5. C	tnerwise, 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 11

Interval: -- Occurrences: --

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

100,000; AST or ALT > 3 and up to 5x Upper Normal Limit or Total Bilirubin > 1.5 and up to 3x Upper Normal Limit; Creatinine > 1.5 and up

to 6x Upper Normal Limit or > 1.5x from baseline.

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.

Chemotherapy

nivolumab (OPDIVO) 480 mg in sodium chloride 0.9% 100 mL IVPB

Dose: 480 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S End: S

Instructions:

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

end of infusion.

Ingredients: Name Type Dose Selected Adds Vol.

NIVOLUMAB 240 Medications 480 mg Main Yes MG/24 ML Ingredient INTRAVENOUS SOLUTION

SODIUM QS Base 52 mL Yes Yes CHLORIDE 0.9 %

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 100 mL No Yes

WATER (D5W) 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

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.