OP OFATUMUMAB (REFRACTORY)

Types: ONCOLOGY TREATMENT

Synonyms: CHRON, LYMPH, LEUKE, CLL, OFAT, ARZE, ARZ, REFRAC, ARZERRA

Cycle 1	Repeat 1	time Cycle length: 162 days		
Dose 1		Perform every 1 day x1		
App	ointment Requests INFUSION APPOINTM	ENT REQUEST		
	Interval:	Occurrences:		
Lab	S			
	□ CBC WITH PLATELET	AND DIFFERENTIAL		
	Interval:	Occurrences:		
	✓ COMPREHENSIVE ME			
	_			
	Interval:	Occurrences:		
	☑ MAGNESIUM LEVEL			
	Interval:	Occurrences:		
	□ LDH			
	Interval:	Occurrences:		
	☐ URIC ACID LEVEL			
	Interval:	Occurrences:		
Out	patient Electrolyte Replaceme	nt Protocol		
	TREATMENT CONDIT	IONS 39		
	Interval: Comments:	Occurrences: Potassium (Normal range 3.5 to 5.0mEq/L)		
	Comments.	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		
		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		
		o Sign electrolyte replacement order as Per protocol: cosign required		
	TREATMENT CONDIT			
	Interval: Comments:	Occurrences: Magnesium (Normal range 1.6 to 2.6mEq/L)		
	Commonto.	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 mEg/L or greater, do not give		
		Solam magnesiam no meg et groaton do not are		

magnesium replacement

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

Line Flush

sodium chloride 0.9 % flush 20 mL

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

Occurrences: --

Start: S

Interval: --

Provider Communication

ONC PROVIDER COMMUNICATION 58

Comments: Prior to beginning Ofatutumumab infusion, please check if a Hepatitis B

and C serology has been performed within the past 6 months. Hepatitis

B and C serologies results: Push F2:11554001 drawn on ***.

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.

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

diphenhydrAMINE (BENADRYL) injection 25

mq

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 300 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 300 mg Route: intravenous once for 1 dose

Offset: 30 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 30 min after

pre-medications.

Ingredients: Selected Adds Vol. Name Type Dose

MG/5 ML

OFATUMUMAB 100 Medications 300 mg Main Yes Ingredient

INTRAVENOUS

SOLUTION

SODIUM

QS Base

985 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

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.

Dose 2 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL

	Interval:	Occurrences:
	✓ COMPREHENSIVE ME	
	Interval:	Occurrences:
	✓ MAGNESIUM LEVEL	Coodinations.
	Interval:	Occurrences:
	□ LDH	
	Interval:	Occurrences:
	☐ URIC ACID LEVEL	
	Interval:	Occurrences:
Outpa	atient Electrolyte Replaceme	
	TREATMENT CONDIT Interval: Comments:	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 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 CONDIT Interval: Comments:	
Line F		fluch 20 ml
	sodium chloride 0.9 % Dose: 20 mL Start: S	Route: intravenous PRN
Nursi	ng Orders sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	6 infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

☑ diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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

mq

Dose: 25 mg Route: intravenous PRN

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg **PRN** Route: oral

Start: S

famotidine (PEPCID) 20 mg/2 mL injection 20

Dose: 20 mg

Route: intravenous **PRN**

Start: S

		(Solu-CORTEF) inject					
		Dose: 100 mg	Route: intravenous	PRN			
		dexamethasone (DEC Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN			
			IALIN) 1 mg/10 mL ADU mg Route: subcutaneous	L T PRN			
		Start: S					
	Disch	arge Nursing Orders					
		ONC NURSING COMI	Occurrences:				
		Comments:					
	Disch	arge Nursing Orders					
		✓ sodium chloride 0.9 %	☑ sodium chloride 0.9 % flush 20 mL				
		Dose: 20 mL	Route: intravenous	PRN			
		☑ HEParin, porcine (PF)) injection 500 Units				
		Dose: 500 Units Start: S	Route: intra-catheter	once PRN			
		Instructions: Concentration: 100 u Implanted Vascular I maintenance.	units/mL. Heparin flush for Access Device				
Dose	e 3			Perform every 1 day x1			
	Appo	intment Requests	AENT DEGUEOT				
		INFUSION APPOINTN Interval:	Occurrences:				
	Labs						
		∠ CBC WITH PLATELET	T AND DIFFERENTIAL				
		Interval:	Occurrences:				
			ETABOLIC PANEL				
		Interval:	Occurrences:				
		✓ MAGNESIUM LEVEL					
		Interval:	Occurrences:				
		□ LDH					
		Interval:	Occurrences:				
		☐ URIC ACID LEVEL					
		Interval:	Occurrences:				
	Outpa	atient Electrolyte Replaceme					
		TREATMENT CONDIT	TIONS 39				
		Interval: Comments:	Occurrences: Potassium (Normal ran o Protocol applie MD/NP	ge 3.5 to 5.0mEq/L) s for SCr less than 1.5. Otherwise, contact			
			o Protocol applie	s only to same day lab value. Im less than 3.0mEq/L, give 40mEq KCL IV or			
				ım 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

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

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.

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

☑ diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose
Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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

dexamethasone (DECADRON) injection 4 mg

Dose: 4 mg

Route: intravenous

PRN

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.

Dose 4 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: --

☐ 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

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

o 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

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL

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.

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

_ diphenhydrAMINE (BENADRYL) injection 25

mg.

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose
Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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.

		BENADRYL) injection 25		
	mg Dose: 25 mg Start: S	Route: intravenous	PRN	
	fexofenadine (ALLEC Dose: 180 mg Start: S	GRA) tablet 180 mg Route: oral	PRN	
	mg	20 mg/2 mL injection 20		
	Dose: 20 mg Start: S	Route: intravenous	PRN	
	hydrocortisone sodio (Solu-CORTEF) inject Dose: 100 mg		PRN	
	dexamethasone (DEC Dose: 4 mg Start: S	CADRON) injection 4 mg Route: intravenous	PRN	
		NALIN) 1 mg/10 mL ADUI	LT	
	injection syringe 0.3 Dose: 0.3 mg Start: S	Route: subcutaneous	PRN	
Disch	arge Nursing Orders			
	ONC NURSING COM Interval: Comments:	Occurrences: Discontinue IV.		
Disch	arge Nursing Orders			
	✓ sodium chloride 0.9	% flush 20 mL		
	Dose: 20 mL	Route: intravenous	PRN	
	☑ HEParin, porcine (PF)	injection 500 Units		
	Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
	Implanted Vascular maintenance.	units/mL. Heparin flush for Access Device		
Dose 5	ntment Deguests			Perform every 1 day x1
Appoi	ntment Requests INFUSION APPOINTI	MENT REQUEST		
Labs	Interval:	Occurrences:		
	☑ CBC WITH PLATELE	T AND DIFFERENTIAL		
	Interval:	Occurrences:		
	✓ COMPREHENSIVE M	ETABOLIC PANEL		
	Interval:	Occurrences:		
	✓ MAGNESIUM LEVEL			
	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

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

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

Start: S Instructions:

To keep vein open.

once @ 30 mL/hr for 1 dose

Pre-Medications

□ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg

Route: oral

once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

☑ diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate
(Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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 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. Dose 6 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: --□ 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. 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 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 2.6mEg/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 sodium chloride 0.9 % flush 20 mL Route: intravenous PRN sodium chloride 0.9 % infusion 250 mL Route: intravenous once @ 30 mL/hr for 1 dose acetaminophen (TYLENOL) tablet 650 mg once for 1 dose Route: oral Administer 30 minutes prior to ofatumumab. diphenhydrAMINE (BENADRYL) injection 25 Route: intravenous once for 1 dose Administer via slow IV push 30 minutes prior to hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg Route: intravenous once for 1 dose Administer via slow IV push 30 minutes prior to Route: intravenous once for 1 dose Offset: 60 Minutes

Chemotherapy

Line Flush

Nursing Orders

Pre-Medications

 \checkmark mg

Dose: 20 mL

Dose: 250 mL

Dose: 650 ma

Dose: 25 mg

ofatumumab.

Dose: 400 mg

ofatumumab.

Start: S Instructions:

Start: S Instructions:

Start: S Instructions:

To keep vein open.

Start: S

Start: S Instructions:

ofatumumab (ARZERRA) 2,000 mg in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Selected Adds Vol. Ingredients: Type Dose OFATUMUMAB 100 Medications 2,000 mg Main Yes

MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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

ma

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.

Dose 7 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: --□ 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 3.4mEq/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. 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 O 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 Line Flush sodium chloride 0.9 % flush 20 mL **PRN** Dose: 20 mL 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.

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

q diphenhydrAMINE (BENADRYL) injection 25

✓ mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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.

PRN

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

Start: S

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 **PRN** Dose: 100 mg Route: intravenous dexamethasone (DECADRON) injection 4 mg Route: intravenous **PRN** Dose: 4 mg 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 **PRN** 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 8 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: --□ 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

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 0

Serum potassium 3.5 mEg/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 0

MD/NP

Protocol applies only to same day lab value. 0

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

If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

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

Start: S Instructions:

To keep vein open.

Pre-Medications

☑ acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 ma Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

diphenhydrAMINE (BENADRYL) injection 25 \checkmark

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose
Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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 – MO

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.

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 9 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

∠ CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

Interval: -- Occurrences: --

MAGNESIUM LEVEL

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

o Serum potassium 3.3 to 3.4mEg/L, give 20mEg KCL IV or PO

o 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 2.6mEg/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

Serum Magnesium 1.3 to 1.5mEg/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

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.

Pre-Medications

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

_ diphenhydrAMINE (BENADRYL) injection 25

✓ mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

✓ hydrocortisone sodium succinate✓ (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS

SOLUTION

SODIUM QS Base 900 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 Route: intravenous Dose: 25 mg **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 **PRN** Dose: 100 mg Route: intravenous 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 Dose: 20 mL Route: intravenous **PRN** ☑ 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. Dose 10 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: --

□ 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 3.2mEq/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 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 1.0mEg/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 0 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 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. **Pre-Medications** acetaminophen (TYLENOL) tablet 650 mg Dose: 650 mg Route: oral once for 1 dose Start: S Instructions: Administer 30 minutes prior to ofatumumab.

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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.

PRN

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 **PRN** Route: intravenous

Start: S

fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg **PRN** Route: oral

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

Dose: 4 mg Route: intravenous

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 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 11 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: --□ LDH Occurrences: --Interval: --**□ URIC ACID LEVEL** Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEg/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 3.2mEq/L, give 40mEq KCL IV or PO 0 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 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)

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

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.

Pre-Medications

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

diphenhydrAMINE (BENADRYL) injection 25

✓ mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

hydrocortisone sodium succinate (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 900 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

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.

INFUSION APPOINTMENT REQUEST Interval: --Occurrences: --Labs □ CBC WITH PLATELET AND DIFFERENTIAL Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --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 0 Protocol applies only to same day lab value. 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 Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 0 Serum potassium 3.5 mEg/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 Protocol applies only to same day lab value. 0 Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium O 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 Line Flush sodium chloride 0.9 % flush 20 mL

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

Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --

Comments: Prior to beginning Ofatutumumab infusion, please check if a Hepatitis B

and C serology has been performed within the past 6 months. Hepatitis

B and C serologies results: Push F2:11554001 drawn on ***.

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.

Pre-Medications

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Administer 30 minutes prior to ofatumumab.

diphenhydrAMINE (BENADRYL) injection 25✓ ¬¬¬

[∐] mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

✓ hydrocortisone sodium succinate ✓ (Solu-CORTEF) injection 400 mg

Dose: 400 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

ofatumumab.

Chemotherapy

ofatumumab (ARZERRA) 2,000 mg in sodium

chloride 0.9 % 1,000 mL IVPB

Dose: 2,000 mg Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Infuse per manufacturer recommended infusion instructions. Protect from light.

Do not administer until at least 1 hour after

pre-medications.

Ingredients: Name Type Dose Selected Adds Vol.

OFATUMUMAB 100 Medications 2,000 mg Main Yes MG/5 ML Ingredient

INTRAVENOUS

SOLUTION

SODIUM QS Base 900 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)

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 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 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

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maintenance.