OP OLARATUMAB / DOXORUBICIN

Types: ONCOLOGY TREATMENT

Synonyms: OLARATUMAB, DOXORUBICIN, LARTRUVO, ADRIAMYCIN, SARCOMA, SOFT TISSUE, STS

Cycles 1 to 4		o 4	Repeat 4	imes Cycle length: 21 days
Day 1				Perform every 1 day x1
		Appoi	ntment Requests INFUSION APPOINTMI	
			Interval:	Occurrences:
		Labs		
			COMPREHENSIVE ME	TABOLIC PANEL
			Interval:	Occurrences:
				AND DIFFERENTIAL
			Interval:	Occurrences:
			MAGNESIUM LEVEL	
			Interval:	Occurrences:
			URINALYSIS, AUTOM	
			└─ MICROSCOPY Interval:	Occurrences:
		Outor	tient Electrolyte Replacemer	
		Outpa	TREATMENT CONDITI	
			Interval:	Occurrences:
			Comments:	Potassium (Normal range 3.5 to 5.0mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact
				MD/NP
				 Protocol applies only to same day lab value. 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 CONDITI	ONS 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
				o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
				o If patient meets criteria, order SmartSet called "Outpatient
				Electrolvte Replacement"

		Cian clostroluto	ranlagament	rdar an Dr	r protocolu	aggian
		o Sign electrolyte required		nuer as Pe		COSIGIT
Nursing	Orders					
Ŭ	TREATMENT CONDITI	ONS 24				
	Interval: Comments:	Occurrences: HOLD and notify provide 100,000.	er if ANC LES	S than 150	0; Platelets	LESS than
Provider	Communication					
	ONC PROVIDER COM					
	Interval: Comments:	Occurrences: Verify Ejection Fraction ((date).	orior to Cycle	1. Ejectio	n Fraction:	***% on ***
		If patient has not had a r entry. A baseline cardiac recommended, especial cardiac toxicity. Repeate should be performed, pa doses.	c evaluation w ly in patients w ed MUGA or E	ith a MUG/ vith risk fac CHO deter	A scan or a ctors for incominations	n ECHO is reased of LVEF
Line Flus	h					
Line Flu:	sodium chloride 0.9 %	flush 20 mL				
	Dose: 20 mL Start: S	Route: intravenous	PRN			
Nursing	Orders					
	sodium chloride 0.9 %					
	Dose: 250 mL Start: S Instructions: To keep vein open.	Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
Pre-Med	ications					
	diphenhydrAMINE (BE	NADRYL) injection 50				
	mg	Deuter introveneure	once for 1 de			
	Dose: 50 mg Start: S Instructions:	Route: intravenous	once for 1 do	se		
	Administer 30 minutes					
		ADRON) 20 mg in sodiu	m			
	chloride 0.9 % IVPB Dose: 20 mg Start: S Instructions:	Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Administer 30 minutes		_	_		
	Ingredients:	Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Type Medications	Dose 20 mg	Selected Main Ingredient	Adds Vol. Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	ondansetron (ZOFRAN	I) 16 ma in sodium				

	chloride 0.9 % 50 mL l Dose:	VPB Route: intravenous	once over 30		r 1 dose	
	Instructions:	Offset: 90 Minutes				
		s prior to Doxorubicin.	T	Deee	Onlandad	
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 16 mg	Yes	Adds Vol. No
		DEXAMETHASONE 4 MG/ML INJECTION	Medications		No	No
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
		SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chama	thoropy	SOLUTION				
Chemo		/O) 15 mg/kg in sodium				
	chloride 0.9% 250 mL (RESTRICTED)					
	Dose: 15 mg/kg	Route: intravenous	once over 60 Offset: 30 Mir		r 1 dose	
	Instructions:	9% sodium chloride after	Oliset. 50 Mil	lutes		
	the infusion.					
		Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION	Type Medications	Dose 15 mg/kg	Selected Main Ingredient	Adds Vol. Yes
	the infusion.	Name OLARATUMAB 10 MG/ML INTRAVENOUS			Main	Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in	Medications	15 mg/kg	Main Ingredient	Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 75 mg/m2	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in	Medications	15 mg/kg 250 mL Minutes fo	Main Ingredient Yes	Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 75 mg/m2 Instructions:	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in 50 mL chemo IVPB Route: intravenous	Medications QS Base once over 15	15 mg/kg 250 mL Minutes fo	Main Ingredient Yes	Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 75 mg/m2	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in 50 mL chemo IVPB Route: intravenous	Medications QS Base once over 15	15 mg/kg 250 mL Minutes fo	Main Ingredient Yes r 1 dose	Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 75 mg/m2 Instructions: Protect from light; VE	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in 50 mL chemo IVPB Route: intravenous	Medications QS Base once over 15 Offset: 120 M	15 mg/kg 250 mL Minutes fo inutes	Main Ingredient Yes r 1 dose Selected	Yes Yes Adds Vol. Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 75 mg/m2 Instructions: Protect from light; VE	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in 50 mL chemo IVPB Route: intravenous SICANT Name DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Medications QS Base once over 15 Offset: 120 M Type	15 mg/kg 250 mL Minutes fo inutes Dose	Main Ingredient Yes r 1 dose Selected Main	Yes Yes Adds Vol. Yes
	the infusion. Ingredients: DOXOrubicin (ADRIAr sodium chloride 0.9% Dose: 75 mg/m2 Instructions: Protect from light; VE	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION nycin) 75 mg/m2 in 50 mL chemo IVPB Route: intravenous SICANT Name DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 %	Medications QS Base once over 15 Offset: 120 M Type Medications Base	15 mg/kg 250 mL Minutes fo inutes Dose 75 mg/m2	Main Ingredient Yes r 1 dose Selected Main Ingredient	Yes Yes Adds Vol. Yes

Hematoloav & Oncoloav Hypersensitivity Reaction Standing Order

ONC NURSING C	OMMUNICATION 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.
	OMMUNICATION 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

Occurrences:
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 Hvdrocortisone 100 ma intravenous (if patient has allerav

			and Famotidine 20 mg i 9. Administer Epinephrin	ntravenous once. ne (1:1000) 0.3 mg subci very 15 minutes until reso	
		diphenhydrAMINE (BE	NADRYL) injection 25		
		mg Dose: 25 mg Start: S	Route: intravenous	PRN	
		fexofenadine (ALLEGF Dose: 180 mg Start: S	RA) tablet 180 mg Route: oral	PRN	
		famotidine (PEPCID) 2	0 mg/2 mL injection 20		
		mg Dose: 20 mg Start: S	Route: intravenous	PRN	
		hydrocortisone sodiur (Solu-CORTEF) injecti Dose: 100 mg		PRN	
		dexamethasone (DEC) Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
		epINEPHrine (ADREN) injection syringe 0.3 m	ALIN) 1 mg/10 mL ADUL	.T	
		Dose: 0.3 mg Start: S	Route: subcutaneous	PRN	
C	Discha	arge Nursing Orders ONC NURSING COMM			
		Interval: Comments:	Occurrences: Discontinue IV.		
C	Discha	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: Concentration: 100 ur	Route: intra-catheter	once PRN	
		Implanted Vascular A maintenance.			
Day 8	Innois	atmost Doguosto			Perform every 1 day x1
P	чрроп	ntment Requests INFUSION APPOINTM Interval:	ENT REQUEST Occurrences:		
L	abs	interven			
			TABOLIC PANEL		
		Interval:	Occurrences:		
		CBC WITH PLATELET			
		Interval:	Occurrences:		
		☑ MAGNESIUM LEVEL			

	Intervalu					
-	Interval:	Occurrences:				
	URINALYSIS, AUTON MICROSCOPY					
	Interval:	Occurrences:				
Nursin	g Orders					
	TREATMENT CONDIT Interval: Comments:	Occurrences: HOLD and notify provide 100,000.	er if ANC LES	S than 150	0; Platelets	LESS thar
Line F	lush					
	sodium chloride 0.9 % Dose: 20 mL Start: S	% flush 20 mL Route: intravenous	PRN			
Nursin	g Orders					
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	% infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	lose	
Pre-Me	edications					
		ENADRYL) injection 50				
	mg Dose: 50 mg Start: S Instructions:	Route: intravenous	once for 1 do	se		
-		es prior to Olaratumab.				
	chloride 0.9 % IVPB	CADRON) 20 mg in sodiu				
	Dose: 20 mg Start: S Instructions:	Route: intravenous	once over 15	Minutes fo	or 1 dose	
	Administer 30 minute Ingredients:	es prior to Olaratumab. Name DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Type Medications	Ū	Selected Main Ingredient	
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Chemo	otherapy					
	olaratumab (LARTRU chloride 0.9% 250 mL (RESTRICTED)	VO) 15 mg/kg in sodium . chemo IVPB				
	Dose: 15 mg/kg	Route: intravenous	once over 60 Offset: 30 Mir		or 1 dose	
		9% sodium chloride after				
	the infusion. Ingredients:	Name	Туре	Dose		Adds Vol.

SOLUTION (RESTRICTED) SODIUM **QS** Base 250 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.

			less than 90/50 mmHg, 6. Administer Oxygen at maintain O2 saturation of 7. Administer Normal Sa bag and new intravenou 8. Administer Hydrocorti to Hydrocortisone, pleas and Famotidine 20 mg in 9. Administer Epinephrir	isone 100 mg intravenous se administer Dexametha ntravenous once. ne (1:1000) 0.3 mg subcu very 15 minutes until reso	or flattened position. I cannula. Titrate to o 92%. Ious bolus using a new s (if patient has allergy asone 4 mg intravenous)
		diphenhydrAMINE (BE mg Dose: 25 mg Start: S	NADRYL) injection 25 Route: intravenous	PRN	
		fexofenadine (ALLEGR Dose: 180 mg Start: S	(A) tablet 180 mg Route: oral	PRN	
		famotidine (PEPCID) 20 mg Dose: 20 mg Start: S	0 mg/2 mL injection 20 Route: intravenous	PRN	
		hydrocortisone sodiun (Solu-CORTEF) injectio Dose: 100 mg		PRN	
		dexamethasone (DEC# Dose: 4 mg Start: S	ADRON) injection 4 mg Route: intravenous	PRN	
		epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S	ALIN) 1 mg/10 mL ADUL Ig Route: subcutaneous	. T PRN	
	Disch	arge Nursing Orders			
		ONC NURSING COMM			
		Interval: Comments:	Occurrences: Discontinue IV.		
	Disch	arge Nursing Orders			
		🕢 sodium chloride 0.9 %	flush 20 mL		
		Dose: 20 mL	Route: intravenous	PRN	
		IEParin, porcine (PF) i	injection 500 Units		
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
		Concentration: 100 un Implanted Vascular Ac maintenance.	its/mL. Heparin flush for ccess Device		
Cycles 5	5 to 8	Repeat 4 t	times	Cycle length: 21 days	
	iy 1				Perform every 1 day x1
	Appoi	Intment Requests			
		Interval:	Occurrences:		
	Labs				

		METABOLIC PANEL	
	Interval:	Occurrences:	
	CBC WITH PLATEL	ET AND DIFFERENTIAL	
	Interval:	Occurrences:	
	☑ MAGNESIUM LEVE	L	
	Interval:	Occurrences:	
	URINALYSIS, AUTO MICROSCOPY Interval:	OCCURENCES:	
Nursi	ng Orders	Occurrences	
	TREATMENT COND Interval: Comments:	Occurrences:	ider if ANC LESS than 1500; Platelets LESS than
Provid	der Communication		
	ONC PROVIDER CC Interval:	OMMUNICATION Occurrences:	
	Comments:		on prior to Cycle 1. Ejection Fraction: ***% on ***
		entry. A baseline card recommended, espec cardiac toxicity. Repe	a recent MUGA or ECHO, order one via order liac evaluation with a MUGA scan or an ECHO is sially in patients with risk factors for increased ated MUGA or ECHO determinations of LVEF particularly with higher, cumulative anthracycline
Provid	der Communication		
	ONC PROVIDER CC		
	Interval: Comments:	Doxorubicin cumulativ	ring Dexrazoxane for patients who have complete ve dose of GREATER than 300 mg/m2. The dos zoxane:Doxorubicin administered 30 minutes befo on.
Line F	Fluch		
LINCT	sodium chloride 0.9 Dose: 20 mL Start: S	9 % flush 20 mL Route: intravenous	PRN
Nursi	ng Orders		
		9 % infusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 dose
Char	notherapy		
Chen		RDERABLE (FOR Y PROPHYLAXIS) 750	
Chen	CARDIOM YOPATH mg/m2 (Treatment I Dose: 750 mg/m2	Plan) Route: intravenous	once for 1 dose Offset: 0 Hours

re-Med	ications					
		ENADRYL) injection 50				
	mg Dose: 50 mg Start: S	Route: intravenous	once for 1 do	se		
	Instructions:					
-		es prior to Olaratumab.				
	chloride 0.9 % IVPB	ADRON) 20 mg in sodiu	m			
	Dose: 20 mg Start: S	Route: intravenous	once over 15	Minutes f	for 1 dose	
	Instructions:					
	Ingredients:	es prior to Olaratumab. Name	Туре	Dose	Salaatad	Adds Vol
	ingreatents.	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION			Main Ingredient	Yes
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
-	ondansetron (ZOFRA					
	chloride 0.9 % 50 mL					
	Dose:	Route: intravenous	once over 30 Offset: 90 Mir		for 1 dose	
	Instructions: Administer 30 minute	es prior to Doxorubicin.				
	Ingredients:	Name ONDANSETRON HCL 2 MG/ML INTRAVENOUS	Type Medications	Dose 16 mg	Selected Yes	Adds Vol No
		SOLUTION DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications		No	No
		SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
h a na a th	nerapy					
nemoir		VO) 15 mg/kg in sodium chemo IVPB				
nemour						
nemou	(RESTRICTED) Dose: 15 mg/kg	Route: intravenous	once over 60 Offset: 30 Mir		for 1 dose	

	Ingredients:	Name OLARATUMAB 10 MG/ML INTRAVENOUS SOLUTION (RESTRICTED)	Type Medications	Dose 15 mg/kg		Adds Vol. Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DOXOrubicin (ADRIAm					
	sodium chloride 0.9% Dose: 75 mg/m2	Route: intravenous	once over 15 Offset: 120 M		or 1 dose	
	Instructions: Protect from light; VES	SICANT				
	Ingredients:	Name	Туре	Dose		Adds Vol.
		DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	75 mg/m2	2 Main Ingredient	Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
Hematol	logy & Oncology Hypersen		g Order			
	ONC NURSING COMM Interval:	UNICATION 82 Occurrences:				
	Comments:	Grade 1 - MILD Sympto only – itching, flushing, j 1. Stop the infusion.				
		 Place the patient on c Obtain vital signs. Administer Normal Sa 		-	sing a new	bag and new
		intravenous tubing. 5. If greater than or equa Diphenhydramine, admi once.				
		6. If less than 30 minute administer Fexofenadine intravenous once.				
		7. Notify the treating phy8. If no improvement aft (Moderate) or Grade 3 (er 15 minutes	advance l	evel of care	e to Grade 2
		9. Assess vital signs even otherwise ordered by co	ery 15 minutes		ution of syr	nptoms or
	ONC NURSING COMM Interval:	UNICATION 4 Occurrences:				
	Comments:	Grade 2 – MODERATE gastrointestinal symptom vomiting, dizziness, diap back pain) 1. Stop the infusion.	ns – shortness bhoresis, throa	s of breath, It or chest t	wheezing, ightness, a	nausea, Ibdominal or
		 Notify the CERT team Place the patient on c Obtain vital signs. 			mmediately	<i>I</i> .

 5. Administer Oxygen at 21. per minute via nasal canula. Thrate to maintain O2 saturation of grateries than or equal to 82%. 6. Administer Pydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Doxamethasone 4 mg intravenous once. 8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severa). 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. ONC NURSING COMMUNICATION 83 Interval:				
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 wital 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 flattered position. 6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 2%. 7. Administer Mortan Saline at 1000 mL, intravenous bolus using a new bag and new intravenous tubing. 8. Administer Phytrocontisone 100 mg intravenous blous using a new bag and new intravenous tubing. 8. Administer Epinephrine (11:000) 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 mg Dose: 25 mg Route: intravenous PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Route: intravenous PRN Start: S famotidine (PEPCID) 20 mg/2 m			 maintain O2 saturation 6. Administer Normal S new intravenous tubing 7. Administer Hydrocort to Hydrocortisone, plea intravenous), Fexofena intravenous once. 8. If no improvement af (Severe). 9. Assess vital signs ev 	of greater than or equal to 92%. aline at 150 mL per hour using a new bag and tisone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg dine 180 mg orally and Famotidine 20 mg ter 15 minutes, advance level of care to Grade 3 very 15 minutes until resolution of symptoms or
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 wital 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 flattered position. 6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 2%. 7. Administer Mortan Saline at 1000 mL, intravenous bolus using a new bag and new intravenous tubing. 8. Administer Phytrocontisone 100 mg intravenous blous using a new bag and new intravenous tubing. 8. Administer Epinephrine (11:000) 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 mg Dose: 25 mg Route: intravenous PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Route: intravenous PRN Start: S famotidine (PEPCID) 20 mg/2 m		ONC NURSING COM	MUNICATION 83	
 compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence) Notify the CERT team and treating physician immediately. Notify the CERT team and treating physician immediately. Place the patient on continuous monitoring. Obtain vital signs. So the infusion. Place the patient on continuous monitoring. Obtain vital signs. 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. Administer Oxygen 21 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%. Administer Mydracorlisone 12 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%. Administer Mydracorlisone 100 mg intravenous (if patient has allergy to Hydrocorlisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once. Administer Epinephrine (1:1000) 0.3 mg subcutaneous. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. diphenhydrAMINE (BENADRYL) injection 25 mg Dose: 26 mg Route: intravenous PRN Start: 5 famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 180 mg Route: intravenous PRN Start: 5 hydrocortisone sodium succinate (Solu-CORTEF) injection 10 mg Dose: 20 mg Route: intravenous PRN Start: 5 epiNtePHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg<!--</th--><th></th><th></th><th>_</th><th></th>			_	
 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. Tirate 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 bolus using a new bag and new intravenous ubing. 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. 		Comments:	compromise – cyanosis with systolic blood pres loss of consciousness,	s or O2 saturation less than 92%, hypotension sure less than 90 mmHg, confusion, collapse,
 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. 			3. Place the patient on	
 Administer Normal Salire 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 famotidine (DECADRON) injection 4 mg Dose: 100 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 4 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syring 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN 			5. If heart rate is less thless than 90/50 mmHg,6. Administer Oxygen a	place patient in reclined or flattened position. It 2 L per minute via nasal cannula. Titrate to
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 famotidine (ALLEGRA) tablet 180 mg Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN Start: S epiNEPThrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S				
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.			bag and new intravenor	us tubing.
diphenhydrAMINE (BENADRYL) injection 25 mg Dose: 25 mg Route: intravenous PRN Start: S fexofenadine (ALLEGRA) tablet 180 mg Pose: 180 mg Route: oral PRN 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 Dose: 100 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 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 Start: S Start: S PRN Start: S PRN			to Hydrocortisone, plea and Famotidine 20 mg 9. Administer Epinephri 10. Assess vital signs e	se administer Dexamethasone 4 mg intravenous) intravenous once. ine (1:1000) 0.3 mg subcutaneous. every 15 minutes until resolution of symptoms or
mg Dose: 25 mg Route: intravenous PRN Start: S fexofenadine (ALLEGRA) tablet 180 mg PRN Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Dose: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg PRN Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg Pose: 4 mg Route: intravenous 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 Start: S PRN			otherwise ordered by co	overing physician.
mg Dose: 25 mg Route: intravenous PRN Start: S fexofenadine (ALLEGRA) tablet 180 mg PRN Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg Dose: 20 mg Dose: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg PRN Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg Pose: 4 mg Route: intravenous 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 Start: S PRN		diphenhydrAMINE (B	ENADRYL) injection 25	
Start: S fexofenadine (ALLEGRA) tablet 180 mg Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg mg Dose: 20 mg Route: intravenous PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg/2 mL injection 20 mg Dose: 20 mg Route: intravenous Dose: 20 mg Route: intravenous PRN Start: S Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg Dose: 100 mg Route: intravenous PRN 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 Start: S Start: S Start: S Start: S Start: S		mg	, ,	
Dose: 180 mg Route: oral PRN Start: S famotidine (PEPCID) 20 mg/2 mL injection 20 mg mg Dose: 20 mg Route: intravenous 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 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		PRN
mg Dose: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg PRN 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 PRN Dose: 0.3 mg Route: subcutaneous PRN Start: S Start: S PRN		Dose: 180 mg		PRN
Dose: 20 mg Route: intravenous PRN Start: S hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg pose: 100 mg Dose: 100 mg Route: intravenous PRN dexamethasone (DECADRON) injection 4 mg pose: 4 mg Route: intravenous Dose: 4 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg pose: 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN			20 mg/2 mL injection 20	
(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		Dose: 20 mg	Route: intravenous	PRN
Dose: 4 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S PRN		(Solu-CORTEF) inject	tion 100 mg	PRN
Dose: 4 mg Route: intravenous PRN Start: S epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg Dose: 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S PRN		dexamethasone (DFC	ADBON) injection 4 mg	
injection syringe 0.3 mg Dose: 0.3 mg Route: subcutaneous PRN Start: S		Dose: 4 mg Start: S	Route: intravenous	PRN
Dose: 0.3 mg Route: subcutaneous PRN Start: S				LT
Discharge Nursing Orders		Dose: 0.3 mg		PRN
	Discl			
ONC NURSING COMMUNICATION 76		ONC NURSING COM	MUNICATION 76	

		Interval: Comments:	Occurrences: Discontinue IV.		
Г	Discharg	e Nursing Orders			
	-	sodium chloride 0.9 %	flush 20 ml		
	<u>v</u>	Dose: 20 mL	Route: intravenous	PRN	
	_	Dose. 20 IIIL	noule. Intravenous	F DIN	
	\checkmark	HEParin, porcine (PF)			
		Dose: 500 Units Start: S	Route: intra-catheter	once PRN	
		Instructions:			
		Concentration: 100 ur Implanted Vascular A	hits/mL. Heparin flush for		
		maintenance.	CCESS DEVICE		
Day 8				Perform every 1 day x	
	Appointm	ent Requests			
		INFUSION APPOINTMI Interval:	Occurrences:		
L	abs				
	\checkmark	COMPREHENSIVE ME	TABOLIC PANEL		
		Interval:	Occurrences:		
	\checkmark	CBC WITH PLATELET	AND DIFFERENTIAL		
		Interval:	Occurrences:		
	\checkmark	MAGNESIUM LEVEL			
		Interval:	Occurrences:		
	URINALYSIS, AUTOMATED WITH				
		MICROSCOPY	Occurrences:		
Ν	Nursing C				
		TREATMENT CONDITI	ONS 24 Occurrences:		
		Comments:		er if ANC LESS than 1500; Platelets LESS than	
			100,000.		
L	ine Flus	h			
		sodium chloride 0.9 %		DDN	
		Dose: 20 mL Start: S	Route: intravenous	PRN	
Ν	Nursing (
		sodium chloride 0.9 %			
		Dose: 250 mL Start: S	Route: intravenous	once @ 30 mL/hr for 1 dose	
		Instructions:			
		To keep vein open.			
F	Pre-Medi	cations diphenhydrAMINE (BE	NADRYL) injection 50		
		mg			
		Dose: 50 mg	Route: intravenous	once for 1 dose	
		Start: S Instructions:			
		Administer 30 minutes	s prior to Olaratumab.		
		dexamethasone (DEC) chloride 0.9 % IVPB	ADRON) 20 mg in sodiu	m	
		Dose: 20 mg	Route: intravenous	once over 15 Minutes for 1 dose	

Start: S Instructions: Administer 30 minutes prior to Olaratumab. Ingredients: Name Type Dose Selected Add				
DEXAMETHASONE Medications 20 mg Main Yes 4 MG/ML Ingredient INJECTION SOLUTION SODIUM Base 50 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN Base 50 mL No Yes WATER (D5W) INTRAVENOUS SOLUTION	5			
Chemotherapy				
olaratumab (LARTRUVO) 15 mg/kg in sodium chloride 0.9% 250 mL chemo IVPB (RESTRICTED) Dose: 15 mg/kg Route: intravenous once over 60 Minutes for 1 dose Offset: 30 Minutes Instructions: Flush the line with 0.9% sodium chloride after the infusion.				
Ingredients: Name Type Dose Selected Add OLARATUMAB 10 Medications 15 mg/kg Main Yes MG/ML INTRAVENOUS SOLUTION (RESTRICTED) SODIUM QS Base 250 mL Yes Yes CHLORIDE 0.9 % INTRAVENOUS SOLUTION SOLUTION SOLUTION SOLUTION Yes Yes	3			
Hematology & Oncology Hypersensitivity Reaction Standing Order ONC NURSING COMMUNICATION 82 Interval: Occurrences: Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symp only – itching, flushing, periorbital edema, rash, or runny nose) 1. Stop the infusion. Place the patient on continuous monitoring. 3. Obtain vital signs. Administer Normal Saline at 50 mL per hour using a new bag intravenous tubing. 5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intraveno once. 6. If less than 30 minutes since the last dose of Diphenhydramir 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 0 (Moderate) or Grade 3 (Severe). 9. Assess vital signs every 15 minutes until resolution of sympto otherwise ordered by covering physician.	and new ous ne, Grade 2			
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.

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Interval:	Occurrences:	
Comments:	compromise – cyanosis	mptoms (hypoxia, hypotension, or neurologic or O2 saturation less than 92%, hypotension sure less than 90 mmHg, confusion, collapse, or incontinence)
		n and treating physician immediately. continuous monitoring.
	 5. If heart rate is less th less than 90/50 mmHg, 6. Administer Oxygen a maintain O2 saturation 	an 50 or greater than 120, or blood pressure is place patient in reclined or flattened position. t 2 L per minute via nasal cannula. Titrate to of greater than or equal to 92%.
	bag and new intravenou 8. Administer Hydrocort to Hydrocortisone, pleas and Famotidine 20 mg i	isone 100 mg intravenous (if patient has allergy se administer Dexamethasone 4 mg intravenous) ntravenous once.
		ne (1:1000) 0.3 mg subcutaneous. very 15 minutes until resolution of symptoms or overing physician.
mg	ENADRYL) injection 25	
Dose: 25 mg Start: S	Route: intravenous	PRN
fexofenadine (ALLEG	,	
Dose: 180 mg Start: S	Route: oral	PRN
	20 mg/2 mL injection 20	
mg Dose: 20 mg Start: S	Route: intravenous	PRN
hydrocortisone sodiu (Solu-CORTEF) injecti Dose: 100 mg		PRN
dexamethasone (DEC Dose: 4 mg	ADRON) injection 4 mg Route: intravenous	PRN

	Start: S		
	epINEPHrine (ADRENA injection syringe 0.3 m Dose: 0.3 mg Start: S		-T PRN
Discharge	Nursing Orders		
	ONC NURSING COMM Interval: Comments:		
Discharge			
V	sodium chloride 0.9 %	flush 20 mL	
	Dose: 20 mL	Route: intravenous	PRN
	HEParin, porcine (PF)	injection 500 Units	
	Start: S Instructions:	Route: intra-catheter hits/mL. Heparin flush for ccess Device	