

OP PAD

Types: ONCOLOGY TREATMENT

Synonyms: PAD, VELCADE, BORTE, DOXORUBICIN, ADRIAMYCIN, MM, DOXO, ADRIA, MYELOMA, MULTIPLE, BORTEZOMIB

Take-Home Medications		Repeat 1 time	Cycle length: 1 day
Day 1		Perform every 1 day x1	
Take-Home Medications Prior to Treatment			
		dexamethasone (DECADRON) 4 MG tablet	
Dose: 40 mg		Route: oral	see admin instructions
Dispense: 40 tablet		Refills: 0	
Start: S		End: S+4	
Instructions:			
Take 10 tablets (total dose = 40 mg) by mouth			
daily on days 1, 2, 3, 4 in each chemotherapy			
cycle.			
Cycles 1 to 4		Repeat 4 times	Cycle length: 21 days
Day 1		Perform every 1 day x1	
Appointment Requests			
		INFUSION APPOINTMENT REQUEST	
Interval: --		Occurrences: --	
Labs			
☒ COMPREHENSIVE METABOLIC PANEL			
Interval: --		Occurrences: --	
☒ CBC WITH PLATELET AND DIFFERENTIAL			
Interval: --		Occurrences: --	
☒ MAGNESIUM LEVEL			
Interval: --		Occurrences: --	
☐ CANCER ANTIGEN 125			
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 3.4mEq/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

Provider Communication

ONC PROVIDER COMMUNICATION

Interval: --

Occurrences: --

Comments:

Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Nursing Orders

ONC NURSING COMMUNICATION 51

Interval: --

Occurrences: --

Comments:

HOLD Bortezomib and notify provider if Hgb is LESS than or equal to *** g/dL.

Vitals

ONC NURSING COMMUNICATION 50

Interval: --

Occurrences: --

Comments:

1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.

2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.

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

☒ ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Base

No

Yes

☐ dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Instructions:

Give ONLY if patient had NOT taken their
scheduled dose of ORAL dexamethasone on
day of chemotherapy treatment.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

No

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

☐ ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

End: S 11:30 AM

☐ dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

☐ **palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg
Start: S

Route: intravenous
End: S 3:00 PM

once for 1 dose

☐ **aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg
Start: S

Route: intravenous
End: S

once over 30 Minutes for 1 dose

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

APREPITANT 7.2
MG/ML

Medications

130 mg

Main

Yes

INTRAVENOUS
EMULSION

DEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)

SODIUM
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP
(EXCEL;NON-PVC)

Pre-Medications

☐ **LORazepam (ATIVAN) tablet 1 mg**

Dose: 1 mg
Start: S

Route: oral

once for 1 dose

Chemotherapy

DOXOrubicin (ADRIAmycin) 9 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB

Dose: 9 mg/m2

Route: intravenous

once over 24 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Protect from light. VESICANT

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DOXORUBICIN 50
MG/25 ML

Medications

9 mg/m2

Main

Yes

INTRAVENOUS
SOLUTION

SODIUM
CHLORIDE 0.9 %

QS Base

500 mL

Yes

Yes

INTRAVENOUS
SOLUTION

DEXTROSE 5 % IN
WATER (D5W)

QS Base

500 mL

No

Yes

INTRAVENOUS
SOLUTION

bortezomib (VelCADE) 1.3 mg/m2 in sodium chloride 0.9% chemo injection

Dose: 1.3 mg/m2

Route: subcutaneous

once for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

BORTEZOMIB 3.5
MG SOLUTION

Medications

1.3
mg/m2

Main

No

FOR INJECTION

SODIUM
CHLORIDE 0.9 %

Base

Always

Yes

INJECTION
SOLUTION

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.

Days 2,3

Perform every 1 day x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 125**

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 3.4mEq/L, give 20mEq KCL IV or PO

o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement

o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: --

Occurrences: --

Comments:

Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders**TREATMENT CONDITIONS 7**

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

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☒ **ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

☐ **dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:30 AM

Instructions:
Give ONLY if patient had NOT taken their
scheduled dose of ORAL dexamethasone on
day of chemotherapy treatment.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	No	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

☐ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S End: S 11:30 AM

☐ **dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg Route: oral once for 1 dose
Start: S

☐ **palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM

☐ **aprepitant (CINVANTI) 130 mg in dextrose
(NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Pre-Medications

☐ **LORazepam (ATIVAN) tablet 1 mg**

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

Chemotherapy

**DOXOrubicin (ADRIAmycin) 9 mg/m2 in
sodium chloride 0.9% 500 mL chemo IVPB**

Dose: 9 mg/m2 Route: intravenous once over 24 Hours for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light. VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	9 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --
Comments: Discontinue IV.

Discharge Nursing Orders

☒ **sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL Route: intravenous PRN

☒ **HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units Route: intra-catheter once PRN
Start: S
Instructions:
Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Day 4

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 125**

Interval: -- Occurrences: --

☐ **LDH**

Interval: -- Occurrences: --

☐ **URIC ACID LEVEL**

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

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
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: --
Comments:

Occurrences: --
Magnesium (Normal range 1.6 to 2.6mEq/L)
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
o Protocol applies only to same day lab value.
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 7

Interval: --
Comments:

Occurrences: --
HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Nursing Orders

ONC NURSING COMMUNICATION 51

Interval: --
Comments:

Occurrences: --
HOLD Bortezomib and notify provider if Hgb is LESS than or equal to *** g/dL.

Vitals

ONC NURSING COMMUNICATION 50

Interval: --
Comments:

Occurrences: --
1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.

2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL
Start: S

Route: intravenous PRN

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

☒ ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

Base

No

Yes

☐ dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:30 AM

Instructions:

Give ONLY if patient had NOT taken their
scheduled dose of ORAL dexamethasone on
day of chemotherapy treatment.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL (PF) 4 MG/2
ML INJECTION
SOLUTION

Medications

16 mg

No

No

DEXAMETHASONE
4 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

☐ ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg

Route: oral

once for 1 dose

Start: S

End: S 11:30 AM

☐ dexamethasone (DECADRON) tablet 12 mg

Dose: 12 mg

Route: oral

once for 1 dose

Start: S

☐ **palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg
Start: S

Route: intravenous
End: S 3:00 PM

once for 1 dose

☐ **aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg
Start: S

Route: intravenous
End: S

once over 30 Minutes for 1 dose

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

APREPITANT 7.2
MG/ML

Medications

130 mg

Main

Yes

INTRAVENOUS
EMULSION

DEXTROSE 5 % IN
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;
NON-PVC)

SODIUM
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP
(EXCEL;NON-PVC)

Pre-Medications

☐ **LORazepam (ATIVAN) tablet 1 mg**

Dose: 1 mg
Start: S

Route: oral

once for 1 dose

Chemotherapy

DOXOrubicin (ADRIAmycin) 9 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB

Dose: 9 mg/m2

Route: intravenous

once over 24 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Protect from light. VESICANT

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DOXORUBICIN 50
MG/25 ML

Medications

9 mg/m2

Main

Yes

INTRAVENOUS
SOLUTION

SODIUM
CHLORIDE 0.9 %

QS Base

500 mL

Yes

Yes

INTRAVENOUS
SOLUTION

DEXTROSE 5 % IN
WATER (D5W)

QS Base

500 mL

No

Yes

INTRAVENOUS
SOLUTION

bortezomib (VelCADE) 1.3 mg/m2 in sodium chloride 0.9% chemo injection

Dose: 1.3 mg/m2

Route: subcutaneous

once for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

BORTEZOMIB 3.5
MG SOLUTION

Medications

1.3
mg/m2

Main

No

FOR INJECTION

SODIUM
CHLORIDE 0.9 %

Base

Always

Yes

INJECTION
SOLUTION

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.

Days 8,11

Perform every 3 days x2

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 125**

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 3.4mEq/L, give 20mEq KCL IV or PO

o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement

o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: --

Occurrences: --

Comments:

Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders**TREATMENT CONDITIONS 7**

Interval: --

Occurrences: --

Comments:

HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Nursing Orders**ONC NURSING COMMUNICATION 51**

Interval: --

Occurrences: --

Comments:

HOLD Bortezomib and notify provider if Hgb is LESS than or equal to *** g/dL.

Vitals**ONC NURSING COMMUNICATION 50**

Interval: --

Occurrences: --

Comments:

- 1) Check vital signs (BP, temperature, pulse, and respirations) prior to and 30 minutes after Bortezomib administration.
- 2) If systolic BP, 30 minutes after Bortezomib infusion, drops more than 30 mmHg, or if systolic BP is less than 90, please contact MD.

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☉ **ondansetron (ZOFTRAN) injection 8 mg**

Dose: 8 mg

Route: intravenous

once for 1 dose

Start: S

End: S 11:15 AM

○ **ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S

☐ **ondansetron (ZOFran) 16 mg in dextrose 5%
50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Pre-Medications

☐ **LORazepam (ATIVAN) tablet 1 mg**

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

Chemotherapy

**bortezomib (VelCADE) 1.3 mg/m2 in sodium
chloride 0.9 % chemo injection**

Dose: 1.3 mg/m2 Route: subcutaneous once for 1 dose
Offset: 30 Minutes

Instructions:
DRUG IS AN IRRITANT. Administer drug
slowly to prevent burning upon administration.
72 hours between doses is recommended.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BOREZOMIB 3.5 MG SOLUTION FOR INJECTION	Medications	1.3 mg/m2	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base		Always	Yes

Discharge Nursing Orders

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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.