

# OP PEMETREXED

Types: ONCOLOGY TREATMENT

Synonyms: PEMETREXED, ALIMTA, PEM, LUNG, NON, NSCL

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>	Perform every 1 day x1	
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>LDH</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>URIC ACID LEVEL</b>		
Interval: -- Occurrences: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<b>TREATMENT CONDITIONS 39</b>		
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		
<b>TREATMENT CONDITIONS 40</b>		
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 areater. 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**

**ONC NURSING COMMUNICATION 80**

Interval: -- Occurrences: --  
 Comments: Confirm that patient has started taking Folic Acid 350-1000mcg PO daily beginning 1-2 weeks prior to the first dose of pemetrexed and continuing until 3 weeks after the last dose of pemetrexed.

**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 (ZOFRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose  
 Start: S End: S 11:15 AM

**ondansetron (ZOFRAN) 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

**Chemotherapy**

**PEMETREXED (ALIMTA) 500 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 500 mg/m2 Route: intravenous once over 10 Minutes for 1 dose  
 Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEMETREXED 500	Medications	500	Main	Yes

MG INTRAVENOUS SOLUTION		mg/m2	Ingredient
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes Yes

Supportive Care

**cyanocobalamin injection 1,000 mcg**

Dose: 1,000 mcg      Route: intramuscular      once for 1 dose

Start: S                      End: S 2:30 PM

Instructions:

Begin week 1 of Pemetrexed dose, then every 9 weeks thereafter.

Discharge Nursing Orders

**ONC NURSING COMMUNICATION 76**

Interval: --                      Occurrences: --

Comments:                      Discontinue IV.

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL                      Route: intravenous      PRN

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

Dose: 500 Units                      Route: intra-catheter      once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

**Cycles 2,3**

Repeat 2 times

Cycle length: 21 days

**Day 1**

Perform every 1 day x1

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

**MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

**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

**ONC NURSING COMMUNICATION 80**

- Interval: -- Occurrences: --
- Comments: Confirm that patient has started taking Folic Acid 350-1000mcg PO daily beginning 1-2 weeks prior to the first dose of pemetrexed and continuing until 3 weeks after the last dose of pemetrexed.

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) 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 (ZOFTRAN) 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

Chemotherapy

**PEMExtrexed (ALIMTA) 500 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 500 mg/m2                      Route: intravenous                      once over 10 Minutes for 1 dose  
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEMETREXED 500 MG INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	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.

**Cycle 4**

Repeat 1 time

Cycle length: 21 days

**Day 1**

Perform every 1 day x1

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

**MAGNESIUM LEVEL**

Interval: -- Occurrences: --

**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

**ONC NURSING COMMUNICATION 80**

Interval: -- Occurrences: --

Comments:

Confirm that patient has started taking Folic Acid 350-1000mcg PO daily beginning 1-2 weeks prior to the first dose of pemetrexed and continuing until 3 weeks after the last dose of pemetrexed.

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 (ZOFRAN) injection 8 mg**

Dose: 8 mg      Route: intravenous      once for 1 dose  
Start: S      End: S 11:15 AM

**ondansetron (ZOFRAN) 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

Chemotherapy

**PEMExred (ALIMTA) 500 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 500 mg/m2      Route: intravenous      once over 10 Minutes for 1 dose  
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEMETREXED 500 MG INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

Supportive Care

**cyanocobalamin injection 1,000 mcg**

Dose: 1,000 mcg      Route: intramuscular      once for 1 dose  
Start: S      End: S 2:30 PM

Instructions:  
Begin week 1 of Pemetrexed dose, then every 9 weeks thereafter.

Discharge Nursing Orders

**ONC NURSING COMMUNICATION 76**

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

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL                      Route: intravenous                      PRN

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

Dose: 500 Units                      Route: intra-catheter                      once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for  
Implanted Vascular Access Device  
maintenance.

**Cycles 5,6**

Repeat 2 times

Cycle length: 21 days

**Day 1**

Perform every 1 day x1

Appointment Requests

**INFUSION APPOINTMENT REQUEST**

Interval: --                      Occurrences: --

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: --                      Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: --                      Occurrences: --

**MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

**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

**ONC NURSING COMMUNICATION 80**

Interval: -- Occurrences: --  
 Comments: Confirm that patient has started taking Folic Acid 350-1000mcg PO daily beginning 1-2 weeks prior to the first dose of pemetrexed and continuing until 3 weeks after the last dose of pemetrexed.

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) 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 (ZOFTRAN) 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

Chemotherapy

**PEMEtrexed (ALIMTA) 500 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 500 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

PEMETREXED 500  
MG INTRAVENOUS  
SOLUTION

Medications

500  
mg/m2

Main  
Ingredient

Yes

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

100 mL

Yes

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.