

OP POLATUZUMAB / BENDAMUSTINE / RITUXIMAB (NHL)

Types: ONCOLOGY TREATMENT

Synonyms: POLIVY, BENDEKA, RITUXAN, NON HODGKIN, LYMPHOMA

Take-Home Medications		Repeat 1 time	Cycle length: 1 day
Day 1		Perform every 1 day x1	
Take-Home Medications Prior to Treatment			
valACYclovir (VALTREX) 500 MG tablet			
Dose: 500 mg		Route: oral	daily
Dispense: --		Refills: --	
Start: S			
sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg per tablet			
Dose: 1 tablet		Route: oral	3 times weekly
Dispense: --		Refills: --	
Start: S			
Cycle 1		Repeat 1 time	Cycle length: 21 days
Day 1		Perform every 1 day x1	
Appointment Requests			
INFUSION APPOINTMENT REQUEST			
Interval: --		Occurrences: --	
Labs			
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL			
Interval: --		Occurrences: --	
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL			
Interval: --		Occurrences: --	
<input checked="" type="checkbox"/> MAGNESIUM 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 2.6 mg/dL)	
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 1.0 mg/dL. give 2 gram magnesium			

- sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mg/dL 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.

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S

Instructions:

Give 30 minutes prior to Rituximab

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

Chemotherapy

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

☒ **sodium chloride 0.9% INITIAL INFUSION RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:

Initiate infusion at rate of 50 mG/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mG/hour every 30 minutes, to a maximum rate of 400 mG/hour.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

☐ **sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:

Initiate infusion rate at a 100 mG/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mG/hour increments at 30 minute intervals, to a maximum rate of 400 mG/hour.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

○ **RiTUXImab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 90 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 2 Hours

Instructions:

VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION	Medications	90 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN
 -Every hour until end of infusion
 -Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: --

Occurrences: --

Comments:

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg

Route: intravenous

once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg

Route: intramuscular

once 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.

Day 2

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 5

Interval: --

Occurrences: --

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

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**ONDANSETRON
HCL 2 MG/ML
INTRAVENOUS
SOLUTION

Medications

16 mg

Main
Ingredient

No

DEXAMETHASONE
10 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Yes

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

No

Yes

Chemotherapy**bendamustine (BENDEKA) 90 mg/m2 in****sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 90 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

VESICANT

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**BENDAMUSTINE
25 MG/ML
INTRAVENOUS
SOLUTION

Medications

90 mg/m2

Main
Ingredient

Yes

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Yes

Yes

Pre-Medications**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Chemotherapy**polatuzumab vedotin-piiq (POLIVY) infusion****(RESTRICTED) 1.8 mg/kg (Treatment Plan)**

Dose: 1.8 mg/kg

Route: intravenous

once over 90 Minutes for 1 dose

Offset: 45 Minutes

Instructions:

Infuse the initial dose over 90 minutes with a sterile, nonpyrogenic, low-protein binding in-line or add-on 0.2- or 0.22-micron filter. Monitor for infusion-related reactions for a minimum of 90 minutes after the initial infusion is completed. If the initial infusion rate is tolerated, subsequent doses may be infused over 30 minutes (monitor for a minimum of 30 minutes after completion of infusion). Do not administer as IV push or bolus; do not mix or infuse with other medications.

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☒ **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 2

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: --

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 2.6 mg/dL)

- 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP

- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV

- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV

- o Serum Magnesium 1.6 mg/dL 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, dexamethasone****(DECADRON) 12 mg in sodium chloride 0.9%****50 mL IVPB**

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**

ONDANSETRON

Medications

16 mg

Main

No

HCL 2 MG/ML

Ingredient

INTRAVENOUS

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

10 MG/ML

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

Pharmacy Consult**PHARMACY CONSULT TO SCREEN FOR
RAPID RITUXIMAB INFUSION**

Interval: --

Occurrences: --

Rituximab Pre-Medications**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

**diphenhydramine (BENADRYL) injection 25
mg**

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

Chemotherapy**RiTUXimab (PF) (RITUXAN) 375 mg/m2 in****© sodium chloride 0.9% NON-INITIAL INFUSION
IVPB**

Dose: 375 mg/m2

Route: intravenous

once for 1 dose

Offset: 30 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the
absence of infusion toxicity (SBP within 20
mmHG of baseline, PULSE between 60 and

120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 90 mg/m2 Route: intravenous once over 10 Minutes for 1 dose

Offset: 2 Hours

Instructions:
VESICANT
Ingredients:

Name	Type	Dose	Selected	Adds Vol.
BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION	Medications	90 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN
-Every 30 minutes for 1 hour, THEN
-Every hour until end of infusion
-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --
Comments: 2) Infuse antibody via pump
3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg Route: intravenous once PRN
Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once PRN
Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg Route: intravenous once PRN
Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg Route: intramuscular once 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.

Day 2

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 5

Interval: --

Occurrences: --

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

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL 2 MG/ML
INTRAVENOUS
SOLUTION

Medications

16 mg

Main
Ingredient

No

DEXAMETHASONE
10 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

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

Base

50 mL

Yes

Yes

Base

50 mL

No

Yes

Chemotherapy

**bendamustine (BENDEKA) 90 mg/m2 in
sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 90 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

VESICANT

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

BENDAMUSTINE
25 MG/ML
INTRAVENOUS

Medications

90 mg/m2

Main
Ingredient

Yes

SOLUTION				
SODIUM	Base	50 mL	Yes	Yes
CHLORIDE 0.9 %				
INTRAVENOUS				
SOLUTION				

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg	Route: oral	once for 1 dose
Start: S		

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg	Route: intravenous	once for 1 dose
Start: S		

Chemotherapy

polatuzumab vedotin-piiq (POLIVY) infusion (RESTRICTED) 1.8 mg/kg (Treatment Plan)

Dose: 1.8 mg/kg	Route: intravenous	once over 30 Minutes for 1 dose
		Offset: 45 Minutes

Instructions:

Infuse the initial dose over 90 minutes with a sterile, nonpyrogenic, low-protein binding in-line or add-on 0.2- or 0.22-micron filter. Monitor for infusion-related reactions for a minimum of 90 minutes after the initial infusion is completed. If the initial infusion rate is tolerated, subsequent doses may be infused over 30 minutes (monitor for a minimum of 30 minutes after completion of infusion). Do not administer as IV push or bolus; do not mix or infuse with other medications.

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

☒ 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 3

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: --

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 2.6 mg/dL)

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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium

- sulfate IV
 - o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
 - o Serum Magnesium 1.6 mg/dL 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.

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions: Give 30 minutes prior to Rituximab

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Give 30 minutes prior to Rituximab

Chemotherapy

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

☒ **sodium chloride 0.9% INITIAL INFUSION RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:

Initiate infusion at rate of 50 mG/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mG/hour every 30 minutes, to a maximum rate of 400 mG/hour.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

☐ **sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:

Initiate infusion rate at a 100 mG/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mG/hour increments at 30 minute intervals, to a maximum rate of 400 mG/hour.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

○ **RiTUXImab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 90 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 2 Hours

Instructions:

VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION	Medications	90 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN
 -Every hour until end of infusion
 -Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: --

Occurrences: --

Comments:

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg

Route: intravenous

once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg

Route: intramuscular

once 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.

Day 2

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 5

Interval: --

Occurrences: --

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

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**ONDANSETRON
HCL 2 MG/ML
INTRAVENOUS
SOLUTION

Medications

16 mg

Main

No

Ingredient

DEXAMETHASONE
10 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Yes

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

No

Yes

Chemotherapy**bendamustine (BENDEKA) 90 mg/m2 in****sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 90 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

VESICANT

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**BENDAMUSTINE
25 MG/ML
INTRAVENOUS
SOLUTION

Medications

90 mg/m2

Main

Yes

Ingredient

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Yes

Yes

Pre-Medications**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Chemotherapy**polatuzumab vedotin-piiq (POLIVY) infusion****(RESTRICTED) 1.8 mg/kg (Treatment Plan)**

Dose: 1.8 mg/kg

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 45 Minutes

Instructions:

Infuse the initial dose over 90 minutes with a sterile, nonpyrogenic, low-protein binding in-line or add-on 0.2- or 0.22-micron filter. Monitor for infusion-related reactions for a minimum of 90 minutes after the initial infusion is completed. If the initial infusion rate is tolerated, subsequent doses may be infused over 30 minutes (monitor for a minimum of 30 minutes after completion of infusion). Do not administer as IV push or bolus; do not mix or infuse with other medications.

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☒ **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: --

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 2.6 mg/dL)

- 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mg/dL 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, dexamethasone**(DECADRON) 12 mg in sodium chloride 0.9%****50 mL IVPB**

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**

ONDANSETRON

Medications

16 mg

Main

No

HCL 2 MG/ML

Ingredient

INTRAVENOUS

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

10 MG/ML

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

Pharmacy Consult

**PHARMACY CONSULT TO SCREEN FOR
RAPID RITUXIMAB INFUSION**

Interval: --

Occurrences: --

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

**diphenhydramine (BENADRYL) injection 25
mg**

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

Chemotherapy

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in**© sodium chloride 0.9% NON-INITIAL INFUSION
IVPB**

Dose: 375 mg/m2

Route: intravenous

once for 1 dose

Offset: 30 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the
absence of infusion toxicity (SBP within 20
mmHG of baseline, PULSE between 60 and

120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 90 mg/m2 Route: intravenous once over 10 Minutes for 1 dose

Offset: 2 Hours

Instructions:
VESICANT
Ingredients:

Name	Type	Dose	Selected	Adds Vol.
BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION	Medications	90 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: --

Occurrences: --

Comments:

1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN

-Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: --

Occurrences: --

Comments:

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg

Route: intravenous

once PRN

Start: S

Rituximab Additional Orders

epinephrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg

Route: intramuscular

once 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.

Day 2

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 5

Interval: --

Occurrences: --

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

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL 2 MG/ML
INTRAVENOUS
SOLUTION

Medications

16 mg

Main
Ingredient

DEXAMETHASONE
10 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

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

Base

50 mL

Yes

Yes

Base

50 mL

No

Yes

Chemotherapy

**bendamustine (BENDEKA) 90 mg/m2 in
sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 90 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

VESICANT

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

BENDAMUSTINE
25 MG/ML
INTRAVENOUS

Medications

90 mg/m2

Main
Ingredient

Yes

SOLUTION				
SODIUM	Base	50 mL	Yes	Yes
CHLORIDE 0.9 %				
INTRAVENOUS				
SOLUTION				

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg	Route: oral	once for 1 dose
Start: S		

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg	Route: intravenous	once for 1 dose
Start: S		

Chemotherapy

polatuzumab vedotin-piiq (POLIVY) infusion (RESTRICTED) 1.8 mg/kg (Treatment Plan)

Dose: 1.8 mg/kg	Route: intravenous	once over 30 Minutes for 1 dose
		Offset: 45 Minutes

Instructions:

Infuse the initial dose over 90 minutes with a sterile, nonpyrogenic, low-protein binding in-line or add-on 0.2- or 0.22-micron filter. Monitor for infusion-related reactions for a minimum of 90 minutes after the initial infusion is completed. If the initial infusion rate is tolerated, subsequent doses may be infused over 30 minutes (monitor for a minimum of 30 minutes after completion of infusion). Do not administer as IV push or bolus; do not mix or infuse with other medications.

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

☒ 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 5

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: --

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 2.6 mg/dL)
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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP
o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium

- sulfate IV
 - o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
 - o Serum Magnesium 1.6 mg/dL 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.

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXAMETHASONE 10 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions: Give 30 minutes prior to Rituximab

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Give 30 minutes prior to Rituximab

Chemotherapy

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

☒ **sodium chloride 0.9% INITIAL INFUSION RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:

Initiate infusion at rate of 50 mG/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mG/hour every 30 minutes, to a maximum rate of 400 mG/hour.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

☐ **sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 30 Minutes

Instructions:

Initiate infusion rate at a 100 mG/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mG/hour increments at 30 minute intervals, to a maximum rate of 400 mG/hour.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

○ **RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 90 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 2 Hours

Instructions:

VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION	Medications	90 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN
 -Every hour until end of infusion
 -Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: --

Occurrences: --

Comments:

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg

Route: intravenous

once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg

Route: intramuscular

once 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.

Day 2

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 5

Interval: --

Occurrences: --

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

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**ONDANSETRON
HCL 2 MG/ML
INTRAVENOUS
SOLUTION

Medications

16 mg

Main

No

Ingredient

DEXAMETHASONE
10 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Yes

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

No

Yes

Chemotherapy**bendamustine (BENDEKA) 90 mg/m2 in****sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 90 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

VESICANT

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**BENDAMUSTINE
25 MG/ML
INTRAVENOUS
SOLUTION

Medications

90 mg/m2

Main

Yes

Ingredient

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Yes

Yes

Pre-Medications**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Chemotherapy**polatuzumab vedotin-piiq (POLIVY) infusion****(RESTRICTED) 1.8 mg/kg (Treatment Plan)**

Dose: 1.8 mg/kg

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 45 Minutes

Instructions:

Infuse the initial dose over 90 minutes with a sterile, nonpyrogenic, low-protein binding in-line or add-on 0.2- or 0.22-micron filter. Monitor for infusion-related reactions for a minimum of 90 minutes after the initial infusion is completed. If the initial infusion rate is tolerated, subsequent doses may be infused over 30 minutes (monitor for a minimum of 30 minutes after completion of infusion). Do not administer as IV push or bolus; do not mix or infuse with other medications.

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☒ **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 6

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: --

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 2.6 mg/dL)

- 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 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP

- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV

- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV

- o Serum Magnesium 1.6 mg/dL 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, dexamethasone****(DECADRON) 12 mg in sodium chloride 0.9%****50 mL IVPB**

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**

ONDANSETRON

Medications

16 mg

Main

No

HCL 2 MG/ML

Ingredient

INTRAVENOUS

SOLUTION

DEXAMETHASONE Medications

12 mg

Yes

No

10 MG/ML

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

Pharmacy Consult**PHARMACY CONSULT TO SCREEN FOR
RAPID RITUXIMAB INFUSION**

Interval: --

Occurrences: --

Rituximab Pre-Medications**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

**diphenhydramine (BENADRYL) injection 25
mg**

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Rituximab

Chemotherapy**RiTUXimab (PF) (RITUXAN) 375 mg/m2 in****© sodium chloride 0.9% NON-INITIAL INFUSION
IVPB**

Dose: 375 mg/m2

Route: intravenous

once for 1 dose

Offset: 30 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the
absence of infusion toxicity (SBP within 20
mmHG of baseline, PULSE between 60 and

120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 30 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 90 mg/m2 Route: intravenous once over 10 Minutes for 1 dose

Offset: 2 Hours

Instructions:
VESICANT
Ingredients:

Name	Type	Dose	Selected	Adds Vol.
BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION	Medications	90 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: --

Occurrences: --

Comments:

1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN

-Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: --

Occurrences: --

Comments:

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg

Route: intravenous

once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg

Route: intravenous

once PRN

Start: S

Rituximab Additional Orders

epinephrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg

Route: intramuscular

once 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.

Day 2

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 5

Interval: --

Occurrences: --

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

Dose: 16 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

ONDANSETRON
HCL 2 MG/ML
INTRAVENOUS
SOLUTION

Medications

16 mg

Main
Ingredient

No

DEXAMETHASONE
10 MG/ML
INJECTION
SOLUTION

Medications

12 mg

Yes

No

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

Base

50 mL

Yes

Yes

Base

50 mL

No

Yes

Chemotherapy

**bendamustine (BENDEKA) 90 mg/m2 in
sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 90 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

VESICANT

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

BENDAMUSTINE
25 MG/ML
INTRAVENOUS

Medications

90 mg/m2

Main
Ingredient

Yes

SOLUTION				
SODIUM	Base	50 mL	Yes	Yes
CHLORIDE 0.9 %				
INTRAVENOUS				
SOLUTION				

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg	Route: oral	once for 1 dose
Start: S		

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg	Route: intravenous	once for 1 dose
Start: S		

Chemotherapy

polatuzumab vedotin-piiq (POLIVY) infusion (RESTRICTED) 1.8 mg/kg (Treatment Plan)

Dose: 1.8 mg/kg	Route: intravenous	once over 30 Minutes for 1 dose
		Offset: 45 Minutes

Instructions:

Infuse the initial dose over 90 minutes with a sterile, nonpyrogenic, low-protein binding in-line or add-on 0.2- or 0.22-micron filter. Monitor for infusion-related reactions for a minimum of 90 minutes after the initial infusion is completed. If the initial infusion rate is tolerated, subsequent doses may be infused over 30 minutes (monitor for a minimum of 30 minutes after completion of infusion). Do not administer as IV push or bolus; do not mix or infuse with other medications.

Hematology & Oncology Hypersensitivity Reaction Standing Order

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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

☒ **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.