Protocol Index

OP PRALATREXATE

Types: ONCOLOGY TREATMENT
Synonyms: PRALA, FOLO, PHOLO, LYMP

Take-Home Medications Repeat 1 time Cycle length: 1 day

Day 1 Perform every 1 day x1

Provider Communication

ONC PROVIDER COMMUNICATION 10
Interval: -- Occurrences: --
Comments: Patient should have cyanocobalamin IM within 10 weeks prior to the first dose of pralatrexate and then every 8 to 10 weeks. Doses can be given on the same day as treatment.

Take-Home Medications Prior to Treatment

folic acid (FOLVITE) 1 MG tablet
Dose: 1 mg Route: oral daily
Dispense: 30 tablet Refills: 4
Start: S
Instructions:
Start within 10 days prior to first dose of pralatrexate. Continue to take for 30 days after pralatrexate treatment ends

Cycle 1 Repeat 1 time Cycle length: 49 days

Days 1,8,15,22,29,36 Perform every 7 days x6

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: --

Labs

☑ **VITAMIN B12 LEVEL**
Interval: -- Occurrences: --

☑ **METHYLMALONIC ACID, SERUM**
Interval: -- Occurrences: --

☑ **FOLATE LEVEL**
Interval: -- Occurrences: --

☑ **HOMOCYSTINE, PLASMA**
Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

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

Nursing Orders

ONC NURSING COMMUNICATION 62

Interval: -- Occurrences: --

Comments: Verify that patient is taking FOLIC ACID orally prior to chemotherapy.

Supportive Care

cyanocobalamin injection 1,000 mcg

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

Start: S End: S 4:11 PM

Instructions:

Cyancobalamin = Vitamin B12.

Nursing Orders

TREATMENT CONDITIONS 17

Interval: -- Occurrences: --

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

Nursing Orders

ONC NURSING COMMUNICATION 63

Interval: -- Occurrences: --

Comments: Parameters for treatment: Mucositis less than or equal to grade 1 (mild, not requiring intervention).

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.

Chemotherapy

PRALAtrexate (FOLOTYN) chemo injection 30 mg/m2 (Treatment Plan)
Dose: 30 mg/m2 Route: intravenous once over 3 Minutes for 1 dose
Start: S End: S 5:02 PM
Instructions:
IV push over 3 minutes.

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 to 4 Repeat 3 times Cycle length: 49 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: --

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Interval: -- Occurrences: --

Labs

☑ **VITAMIN B12 LEVEL**

Interval: -- Occurrences: --

☑ **METHYLMALONIC ACID, SERUM**

Interval: -- Occurrences: --

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Interval: -- Occurrences: --

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- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
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TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

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

Supportive Care

cyanocobalamin injection 1,000 mcg

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

Start: S End: S 4:11 PM

Instructions:

Cyancobalamin = Vitamin B12.

Nursing Orders

ONC NURSING COMMUNICATION 62

Interval: -- Occurrences: --

Comments: Verify that patient is taking FOLIC ACID orally prior to chemotherapy.

Nursing Orders

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Interval: -- Occurrences: --

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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.

Chemotherapy

PRALAtrexate (FOLOTYN) chemo injection 30 mg/m2 (Treatment Plan)

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Dose: 500 Units Route: intra-catheter once PRN

Start: S

Instructions:

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

Days 8,15,22,29,36 Perform every 7 days x5

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

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

cyanocobalamin injection 1,000 mcg
Dose: 1,000 mcg Route: intramuscular once for 1 dose
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Instructions:
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