# **OP RAMUCIRUMAB / PACLITAXEL (EVERY 28 DAYS)**

Types: ONCOLOGY TREATMENT

Synonyms: PACLI, PACK, GASTRO, TAX, TAXO, SIGH, CYRAMZA, ESOP, JUNC, RAMU, RAMI, PSY, ADENO, CARCI

Cycle 1	Repeat 1	
Day 1	sinter ant Daguests	Perform every 1 day x1
App	pointment Requests INFUSION APPOINTM	IENT RECUEST
	Interval:	Occurrences:
Lab		
Lat	URINALYSIS AUTOM	IATED WITH
	✓ MICROSCOPY	
	Interval:	Occurrences:
	CBC WITH PLATELE	Γ AND DIFFERENTIAL
	Interval:	Occurrences:
	✓ COMPREHENSIVE MI	ETABOLIC PANEL
	Interval:	Occurrences:
	✓ MAGNESIUM LEVEL	
	Interval:	Occurrences:
Out	patient Electrolyte Replaceme	
	TREATMENT CONDIT	
	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 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 CONDIT	TIONS 40
	Interval:	Occurrences:
	Comments:	Magnesium (Normal range 1.6 to 2.6mEq/L)
		o Protocol applies for SCr less than 1.5. Otherwise, contact
		MD/NP
		o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium
		o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
		o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium
		sulfate IV
		o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
		o Serum Magnesium 1.6 mEq/L or greater, do not give
		magnesium replacement
		o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

Sign electrolyte replacement order as Per protocol: cosign

required

**Nursing Orders** 

TREATMENT CONDITIONS

Interval: --Occurrences: --

Comments: Do NOT administer within 28 days of surgery/procedure and until the

surgical wound is fully healed or within 14 days of port placement.

**Nursing Orders** 

**TREATMENT CONDITIONS 5** 

Interval: --Occurrences: --

Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

**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

**PRN** Dose: 20 mL Route: intravenous

Start: S

**Nursing Orders** 

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL once @ 30 mL/hr for 1 dose Route: intravenous

Start: S Instructions:

To keep vein open.

**Pre-Medications** 

ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 20 mg in sodium chloride 0.9 % 50 mL IVPB

Dose: --Route: intravenous once over 15 Minutes for 1 dose

Start: S End: S 11:30 AM

Selected Adds Vol. Ingredients: Name Type Dose

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

DEXAMETHASONE Medications 20 mg Yes No

Medications 8 mg

Yes

No

4 MG/ML **INJECTION** SOLUTION

SODIUM Base 50 mL Always Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base No Yes

WATER (D5W) **INTRAVENOUS** SOLUTION

**Pre-Medications** 

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S

		structions: Administer via slow IV chemotherapy.	push 30 minutes prior to				
		iphenhydrAMINE (BEN					
		odium chloride 0.9% 5					
		3		once over 15	Minutes fo	r 1 dose	
		tart: S structions:	End: S 11:45 AM				
	111	Administer 30 minutes	prior to chemotherapy				
	In	ngredients:	Name	Type	Dose	Selected	Adds Vol.
		•	DIPHENHYDRAMIN	, i	50 mg	Main	No
			E 50 MG/ML			Ingredient	
			INJECTION				
			SOLUTION SODIUM	Base	50 mL	Yes	Yes
			CHLORIDE 0.9 %	Dasc	JO IIIL	103	103
			INTRAVENOUS				
			SOLUTION				
			DEXTROSE 5 % IN	Base	50 mL	No	Yes
			WATER (D5W) INTRAVENOUS				
			SOLUTION				
	4:	in han budu AMINE (DEN					
			NADRYL) tablet 25 mg				
	ט	ose: 25 mg	Route: oral	once for 1 dos Offset: 0 Hour			
	In	structions:		Oliset. O Floui	15		
		Administer 30 minutes	prior to chemotherapy.				
	□ di	iphenhydrAMINE (BEN	NADRYL) tablet 50 mg				
		•		once for 1 dos	20		
	U	ose. 50 mg	noule. Orai	Offset: 0 Hour			
	In	structions:					
		Administer 30 minutes	prior to chemotherapy.				
	√ fa	motidine (PEPCID) inj	jection 20 mg				
	D	ose: 20 mg	Route: intravenous	once for 1 dos	se		
	_	···· · ·		Offset: 0 Hour			
	In	structions:					
		Administer 30 minutes	prior to chemotherapy.				
	☐ fa	amotidine (PEPCID) tal	blet 20 mg				
	D	ose: 20 mg	Route: oral	once for 1 dos	se		
				Offset: 0 Hour	rs		
	In	nstructions:	nui au ta alaamaatlaanan.				
			prior to chemotherapy.				
	□ ac	cetaminophen (TYLEN	IOL) tablet 650 mg				
	D	ose: 650 mg	Route: oral	once for 1 dos			
	1.			Offset: 0 Hour	rs		
		structions: Administer 30 minutes	nrior to chemotherany				
Chom	nothera		prior to chemotherapy.				
Onen			ZA) 8 mg/kg in sodium				
		hloride 0.9 % 250 mL I					
	D	ose: 8 mg/kg	Route: intravenous	once over 60		r 1 dose	
		ata atta		Offset: 30 Min	nutes		
	In	nstructions: Use of a 0.22 micron p	rotain enaring filter is				
		recommended.	rotem spanny miler is				
	In	ngredients:	Name	Туре	Dose	Selected	Adds Vol.

RAMUCIRUMAB 10 Medications 8 mg/kg Main Yes MG/ML Ingredient

INTRAVENOUS SOLUTION

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

# PACLItaxel (TAXOL) 80 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 90 Minutes

Instructions:

Administer through a 0.22 micron filter and

non-PVC tubing set.

Ingredients: Name Type Dose Selected Adds Vol.

PACLITAXEL 6 Medications 80 mg/m2 Main Yes MG/ML Ingredient

CONCENTRATE, IN

**TRAVENOUS** 

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % IV

SOLP

(EXCEL;NON-PVC)

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

#### 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

ma

Dose: 20 mg

Route: intravenous

Route: intravenous

PRN

**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 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

#### 

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 8 Perform every 1 day x1

## **Appointment Requests**

# **INFUSION APPOINTMENT REQUEST**

Interval: -- Occurrences: --

Labs

# URINALYSIS, AUTOMATED WITH

MICROSCOPY

Interval: -- Occurrences: --

## **◯ 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.

Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO

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

replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

#### **TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

## **Nursing Orders**

#### TREATMENT CONDITIONS

Interval: -- Occurrences: --

Comments: Do NOT administer within 28 days of surgery/procedure and until the

surgical wound is fully healed or within 14 days of port placement.

#### **Nursing Orders**

## **TREATMENT CONDITIONS 5**

Interval: -- Occurrences: --

Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

# **Nursing Orders**

## **TREATMENT CONDITIONS 7**

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000.

#### Line Flush

#### sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

#### Nursing Orders

#### sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

## **Pre-Medications**

# ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9 %

50 mL IVPB

Dose: -- Route: intravenous once over 15 Minutes for 1 dose

Start: S End: S 11:30 AM

Ingredients: Name Type Dose Selected Adds Vol.

HCL (PF) 4 MG/2 ML INJECTION SOLUTION

**ONDANSETRON** 

DEXAMETHASONE Medications 10 mg Yes No

Medications 8 mg

Yes

No

No

Yes

4 MG/ML INJECTION SOLUTION

SODIUM Base 50 mL Always Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base

WATER (D5W)
INTRAVENOUS
SOLUTION

Pre-M	edications	ENADDVI \ iniaction CC				
	mg dipnennydrAMINE (BE	ENADRYL) injection 25				
	Dose: 25 mg	Route: intravenous	once for 1 dos	se		
	Start: S	riodio. Intravortodo	01100 101 1 001	50		
	Instructions:					
	Administer via slow I\	/ push 30 minutes prior to				
	chemotherapy.					
	diphenhydrAMINE (BE	ENADRYL) 50 mg in				
	sodium chloride 0.9%		4.5		4 1	
	Dose: 50 mg Start: S	Route: intravenous End: S 11:45 AM	once over 15	Minutes to	r 1 dose	
	Instructions:	EIIU. S 11.43 AIVI				
		s prior to chemotherapy.				
	Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
	-	DIPHENHYDRAMIN	Medications	50 mg	Main	No
		E 50 MG/ML			Ingredient	
		INJECTION				
		SOLUTION SODIUM	Base	50 mL	Yes	Yes
		CHLORIDE 0.9 %	Dase	30 IIIL	165	res
		INTRAVENOUS				
		SOLUTION				
		DEXTROSE 5 % IN	Base	50 mL	No	Yes
		WATER (D5W)				
		INTRAVENOUS				
		SOLUTION				
	☐ diphenhydrAMINE (BE	ENADRYL) tablet 25 mg				
	Dose: 25 mg	Route: oral	once for 1 dos	se		
	-		Offset: 0 Hou	rs		
	Instructions:					
	Administer 30 minute	s prior to chemotherapy.				
	☐ diphenhydrAMINE (BE	ENADRYL) tablet 50 mg				
	Dose: 50 mg	Route: oral	once for 1 dos	se		
			Offset: 0 Hou	rs		
	Instructions:					
	Administer 30 minute	s prior to chemotherapy.				
	✓ famotidine (PEPCID) i	njection 20 mg				
	Dose: 20 mg	Route: intravenous	once for 1 dos	se		
	· ·		Offset: 0 Hou	rs		
	Instructions:					
	Administer 30 minute	s prior to chemotherapy.				
	☐ famotidine (PEPCID) t	ablet 20 mg				
	Dose: 20 mg	Route: oral	once for 1 dos	se		
	- 3		Offset: 0 Hou			
	Instructions:					
	Administer 30 minute	s prior to chemotherapy.				
	☐ acetaminophen (TYLE)	NOL) tablet 650 mg				
	Dose: 650 mg	Route: oral	once for 1 dos	se		
	2000.000 mg	outor oral	Offset: 0 Hou			
	Instructions:					
	Administer 30 minute	s prior to chemotherapy.				
Chem	otherapy					
	PACLitaxel (TAXOL) 8					
	chloride 0.9 % 250 mL			lavor f	-1	
	Dose: 80 mg/m2	Route: intravenous	once over 1 F	ours for 1	aose	

Offset: 30 Minutes

Instructions:

Administer through a 0.22 micron filter and

non-PVC tubing set.

Ingredients: Name Type Dose Selected Adds Vol.

PACLITAXEL 6 Medications 80 mg/m2 Main Yes MG/ML Ingredient

CONCENTRATE,IN

TRAVENOUS

SODIUM QS Base Yes Yes

CHLORIDE 0.9 % IV

**SOLP** 

(EXCEL;NON-PVC)

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

# 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. Otam the inferrior

- 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: -- Oscontinue IV.

#### Discharge Nursing Orders

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 15 Perform every 1 day x1

**Appointment Requests** 

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

URINALYSIS, AUTOMATED WITH MICROSCOPY

Interval: -- Occurrences: --

**□ 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

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

Serum potassium 3.5 mEg/L or greater, do not give potassium

replacement

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

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

#### **TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

**Nursing Orders** 

TREATMENT CONDITIONS

Interval: -- Occurrences: --

Comments: Do NOT administer within 28 days of surgery/procedure and until the

surgical wound is fully healed or within 14 days of port placement.

**Nursing Orders** 

**TREATMENT CONDITIONS 5** 

Interval: -- Occurrences: --

Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

**Nursing Orders** 

**TREATMENT CONDITIONS 7** 

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

**Nursing Orders** 

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

**Pre-Medications** 

ondansetron (ZOFRAN) injection 8 mg

Dose: 8 mg Route: intravenous once for 1 dose

Start: S End: S 11:15 AM

O ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose

Start: S

ondansetron (ZOFRAN) 16 mg in dextrose 5%

50 mL IVPB

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

Start: S End: S 11:00 AM

Ingredients: Name Type Dose Selected Adds Vol.

ONDANSETRON Medications 16 mg Main No HCL (PF) 4 MG/2 Ingredient

Yes

ML INJECTION SOLUTION

DEXTROSE 5 % IN Base 50 mL Always

WATER (D5W) INTRAVENOUS SOLUTION

**Pre-Medications** 

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

chemotherapy.

diphenhydrAMINE (BENADRYL) 50 mg in

sodium chloride 0.9% 50 mL IVPB

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose

		Start: S	End: S 11:45 AM				
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		Ingredients:	Name DIPHENHYDRAMIN E 50 MG/ML INJECTION	<b>Type</b> Medications	<b>Dose</b> 50 mg	Selected Main Ingredient	<b>Adds Vol.</b> No
			SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
			DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	П	diphenhydrAMINE (BE	NADRYL) tablet 25 mg				
	_	Dose: 25 mg	Route: oral	once for 1 do Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		diphenhydrAMINE (BE	NADRYL) tablet 50 mg				
		Dose: 50 mg	Route: oral	once for 1 do Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
	$\checkmark$	famotidine (PEPCID) in	jection 20 mg				
		Dose: 20 mg	Route: intravenous	once for 1 do Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		famotidine (PEPCID) ta	ablet 20 mg				
		Dose: 20 mg	Route: oral	once for 1 do Offset: 0 Hou			
		Instructions: Administer 30 minutes					
		acetaminophen (TYLEI	NOL) tablet 650 mg				
		Dose: 650 mg	Route: oral	once for 1 do Offset: 0 Hou			
		Instructions: Administer 30 minutes	s prior to chemotherapy.				
Chem	othe		photic chambinothorapy.				
		ramucirumab (CYRAM					
		chloride 0.9 % 250 mL Dose: 8 mg/kg	Route: intravenous	once over 60 Offset: 30 Mir		r 1 dose	
		Instructions: Use of a 0.22 micron precommended.	protein sparing filter is	Onset. 30 Will	เนเธอ		
		Ingredients:	Name RAMUCIRUMAB 10 MG/ML INTRAVENOUS SOLUTION	<b>Type</b> Medications	<b>Dose</b> 8 mg/kg	Selected Main Ingredient	Adds Vol. Yes
			SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes

## **INTRAVENOUS** SOLUTION

# PACLItaxel (TAXOL) 80 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 90 Minutes

Instructions:

Administer through a 0.22 micron filter and

non-PVC tubing set.

Ingredients:

Name	туре	Dose	Selected	Adas voi.
PACLITAXEL 6	Medications	80 mg/m2	Main	Yes
MG/ML			Ingredient	
CONCENTRATE, IN				
TRAVENOUS				
SODIUM	QS Base	250 mL	Yes	Yes
CHLORIDE 0.9 % IV	1			
SOLP				
(EVCEL:NIONI DVC)				

Colooted Adde Val

(EXCEL;NON-PVC)

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

# 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

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)

loss of consciousness, o

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

ma

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

ma

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.

## Cycles 2,3 Repeat 2 times Cycle length: 28 days

Day 1 Perform every 1 day x1

**Appointment Requests** 

# INFUSION APPOINTMENT REQUEST Interval: -- Occurrences: --

Labs

# URINALYSIS, AUTOMATED WITH

MICROSCOPY

Interval: -- Occurrences: --

#### **☑ 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

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

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

replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

#### **TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

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 1.5mEg/L, give 1 gram magnesium

sulfate IV

Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

**Nursing Orders** 

TREATMENT CONDITIONS

Interval: -- Occurrences: --

Comments: Do NOT administer within 28 days of surgery/procedure and until the

surgical wound is fully healed or within 14 days of port placement.

**Nursing Orders** 

**TREATMENT CONDITIONS 5** 

Interval: -- Occurrences: --

Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

**Nursing Orders** 

**TREATMENT CONDITIONS 7** 

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

**Nursing Orders** 

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

**Pre-Medications** 

ondansetron (ZOFRAN) injection 8 mg

Dose: 8 mg Route: intravenous once for 1 dose

Start: S End: S 11:15 AM

O ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose

Start: S

ondansetron (ZOFRAN) 16 mg in dextrose 5%

50 mL IVPB

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

Start: S End: S 11:00 AM

Ingredients: Name Type Dose Selected Adds Vol.

ONDANSETRON Medications 16 mg Main No HCL (PF) 4 MG/2 Ingredient

ML INJECTION SOLUTION

DEXTROSE 5 % IN Base 50 mL Always Yes

WATER (D5W) INTRAVENOUS SOLUTION

**Pre-Medications** 

\_ diphenhydrAMINE (BENADRYL) injection 25

<sup>⊔</sup> mg

Dose: 25 mg Route: intravenous once for 1 dose

	Start: S Instructions: Administer via slow IV chemotherapy.	/ push 30 minutes prior to					
	☐ diphenhydrAMINE (BE sodium chloride 0.9%						
	Dose: 50 mg Start: S Instructions:	Route: intravenous End: S 11:45 AM	once over 15 Minutes for 1 dose				
	Ingredients:	s prior to chemotherapy.  Name  DIPHENHYDRAMIN E 50 MG/ML  INJECTION  SOLUTION	<b>Type</b> Medications	<b>Dose</b> 50 mg	<b>Selected</b> Main Ingredient	<b>Adds Vol.</b> No	
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes	
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes	
	☐ diphenhydrAMINE (BE	ENADRYL) tablet 25 mg					
	Dose: 25 mg	Route: oral	once for 1 dos Offset: 0 Hou				
	Instructions: Administer 30 minute	s prior to chemotherapy.					
	☐ diphenhydrAMINE (BE						
	Dose: 50 mg	Route: oral	once for 1 dos Offset: 0 Hou				
		s prior to chemotherapy.					
	✓ famotidine (PEPCID) i	njection 20 mg					
	Dose: 20 mg	Route: intravenous	once for 1 dos Offset: 0 Hou				
	Instructions: Administer 30 minute	s prior to chemotherapy.					
	☐ famotidine (PEPCID) t	ablet 20 mg					
	Dose: 20 mg	Route: oral	once for 1 dos Offset: 0 Hou				
	Instructions: Administer 30 minute	s prior to chemotherapy.					
	☐ acetaminophen (TYLE)	NOL) tablet 650 mg					
	Dose: 650 mg	Route: oral	once for 1 do: Offset: 0 Hou				
	Instructions: Administer 30 minute	s prior to chemotherapy.					
Chem	otherapy	174) 9 ma/ka in oodium					
	chloride 0.9 % 250 mL Dose: 8 mg/kg	IZA) 8 mg/kg in sodium IVPB Route: intravenous	once over 60		r 1 dose		
	Instructions: Use of a 0.22 micron recommended.	protein sparing filter is	Offset: 30 Mir	iutes			

Ingredients: Name Type Dose Selected Adds Vol.
RAMUCIRUMAB 10 Medications 8 mg/kg Main Yes

RAMUCIRUMAB 10 Medications 8 mg/kg Main MG/ML Ingredient

MG/ML INTRAVENOUS

SOLUTION

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

# PACLItaxel (TAXOL) 80 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 90 Minutes

Instructions:

Administer through a 0.22 micron filter and

non-PVC tubing set.

Ingredients: Name Type Dose Selected Adds Vol.

PACLITAXEL 6 Medications 80 mg/m2 Main Yes MG/ML Ingredient

CONCENTRATE, IN

TRAVENOUS

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % IV

SOLP

(EXCEL;NON-PVC)

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

## 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: Gra

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

ma

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

## 

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 8 Perform every 1 day x1

## Appointment Requests

# INFUSION APPOINTMENT REQUEST Interval: -- Occurrences: --

Labs

# **URINALYSIS, AUTOMATED WITH**

✓ MICROSCOPY

Interval: -- Occurrences: --

## □ 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

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

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

replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

#### **TREATMENT CONDITIONS 40**

Interval: -- Occurrences: --

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

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEg/L. give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

## **Nursing Orders**

#### TREATMENT CONDITIONS

Interval: -- Occurrences: --

Comments: Do NOT administer within 28 days of surgery/procedure and until the

surgical wound is fully healed or within 14 days of port placement.

## **Nursing Orders**

#### **TREATMENT CONDITIONS 5**

Interval: -- Occurrences: --

Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

## **Nursing Orders**

## **TREATMENT CONDITIONS 7**

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100.000.

#### Line Flush

#### sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

## **Nursing Orders**

#### sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

#### **Pre-Medications**

#### ondansetron (ZOFRAN) injection 8 mg

Dose: 8 mg Route: intravenous once for 1 dose

Start: S End: S 11:15 AM

#### ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose

Start: S

# ondansetron (ZOFRAN) 16 mg in dextrose 5%

 $^{\prime\prime}$  50 mL IVPB

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

Start: S End: S 11:00 AM

Ingredients: Name Type Dose Selected Adds Vol.

ONDANSETRON Medications 16 mg Main No HCL (PF) 4 MG/2 Ingredient

ML INJECTION

SOLUTION
DEXTROSE 5 % IN Base 50 mL Always Yes

WATER (D5W) INTRAVENOUS

			SOLUTION				
Pre-M		ations	MADDWINE C				
	171	diphenhydrAMINE (BEI mg	NADRYL) injection 25				
		Dose: 25 mg Start: S	Route: intravenous	once for 1 dos	se		
		Instructions: Administer via slow IV chemotherapy.	push 30 minutes prior to	)			
		diphenhydrAMINE (BEI					
	Ш	sodium chloride 0.9% 5		45	Minutes	4	
		3	Route: intravenous End: S 11:45 AM	once over 15	Minutes 10	rruose	
			prior to chemotherapy.	_	_		
		Ingredients:	Name DIPHENHYDRAMIN E 50 MG/ML INJECTION	Type Medications	<b>Dose</b> 50 mg		<b>Adds Vol.</b> No
			SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS	Base	50 mL	Yes	Yes
			SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	No	Yes
			SOLUTION				
		diphenhydrAMINE (BEI					
		Dose: 25 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		diphenhydrAMINE (BEI	NADRYL) tablet 50 mg				
		Dose: 50 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
		famotidine (PEPCID) in					
		•	Route: intravenous	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.				
	П	famotidine (PEPCID) ta					
		•	Route: oral	once for 1 dos	se		
		Instructions: Administer 30 minutes	prior to chemotherapy.	Offset: 0 Hou	rs		
		acetaminophen (TYLEN					
		•	Route: oral	once for 1 dos Offset: 0 Hou			
		Instructions: Administer 30 minutes	prior to chemotherapy.	553t. 5 1 15tl	,		
Chem		erapy					
		PACLitaxel (TAXOL) 80	mg/m2 in sodium				

chloride 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 1 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Administer through a 0.22 micron filter and

non-PVC tubing set.

Ingredients: Name Type Dose Selected Adds Vol.

PACLITAXEL 6 Medications 80 mg/m2 Main Yes MG/ML Ingredient

CONCENTRATE,IN

**TRAVENOUS** 

SODIUM QS Base Yes Yes

CHLORIDE 0.9 % IV

SOLP

(EXCEL;NON-PVC)

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

Hematology & Oncology Hypersensitivity Reaction Standing Order

#### **ONC NURSING COMMUNICATION 82**

Interval: --Comments: Occurrences: --

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

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 15 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

URINALYSIS, AUTOMATED WITH

✓ MICROSCOPY

Interval: -- Occurrences: --

□ 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 5.0mEg/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 3.2mEg/L, give 40mEg KCL IV or PO

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 2.6mEg/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEg/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

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

Interval: -- Occurrences: --

Comments: Do NOT administer within 28 days of surgery/procedure and until the

surgical wound is fully healed or within 14 days of port placement.

**Nursing Orders** 

**TREATMENT CONDITIONS 5** 

Interval: -- Occurrences: --

Comments: HOLD and notify provider if PROTEIN 2+ is detected in UA.

**Nursing Orders** 

**TREATMENT CONDITIONS 7** 

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than

100.000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

**Nursing Orders** 

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

**Pre-Medications** 

ondansetron (ZOFRAN) injection 8 mg

Dose: 8 mg Route: intravenous once for 1 dose

Start: S End: S 11:15 AM

ondansetron (ZOFRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose

Start: S

ondansetron (ZOFRAN) 16 mg in dextrose 5%

50 mL IVPB

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

Start: S End: S 11:00 AM

Ingredients: Name Type Dose Selected Adds Vol.

ONDANSETRON Medications 16 mg Main No HCL (PF) 4 MG/2 Ingredient

ML INJECTION SOLUTION

DEXTROSE 5 % IN Base 50 mL Always Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

**Pre-Medications** 

diphenhydrAMINE (BENADRYL) injection 25

<sub>\_</sub> mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Administer via slow IV push 30 minutes prior to

chemotherapy.

	□ so	phenhydrAMINE (BE dium chloride 0.9% s ose: 50 mg	NADRYL) 50 mg in 50 mL IVPB Route: intravenous	once over 15	Minutes fo	r 1 dose	
	Sta Ins	art: S structions:	End: S 11:45 AM	once over 15 Minutes for 1 dose			
		Administer 30 minutes gredients:	s prior to chemotherapy.  Name  DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	<b>Type</b> Medications	<b>Dose</b> 50 mg		<b>Adds Vol.</b> No
			SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
			DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	□ di <sub>l</sub>	phenhydrAMINE (BE	NADRYL) tablet 25 mg				
		ose: 25 mg	Route: oral	once for 1 dos Offset: 0 Hour	-		
		structions: Administer 30 minutes	prior to chemotherapy.				
			NADRYL) tablet 50 mg				
	_	ose: 50 mg	Route: oral	once for 1 dos Offset: 0 Hou			
		structions: Administer 30 minutes	prior to chemotherapy.				
	√ fai	motidine (PEPCID) in	jection 20 mg				
		ose: 20 mg	Route: intravenous	once for 1 dos Offset: 0 Hour			
		structions: Administer 30 minutes	prior to chemotherapy.				
	□ faı	motidine (PEPCID) ta	iblet 20 mg				
	Do	ose: 20 mg	Route: oral	once for 1 dos Offset: 0 Hour			
		structions: Administer 30 minutes	prior to chemotherapy.				
	□ ac	etaminophen (TYLE	NOL) tablet 650 mg				
		ose: 650 mg	Route: oral	once for 1 dos Offset: 0 Hour			
		structions: Administer 30 minutes	prior to chemotherapy.				
Chem			ZA) 8 mg/kg in sodium IVPB				
		ose: 8 mg/kg	Route: intravenous	once over 60 Offset: 30 Mir		r 1 dose	
	1	structions։ Use of a 0.22 micron ր recommended.	protein sparing filter is				
		gredients:	Name RAMUCIRUMAB 10 MG/ML	<b>Type</b> Medications	<b>Dose</b> 8 mg/kg		Adds Vol. Yes
			INTRAVENOUS				

SOLUTION

SODIUM QS Base

e 250 mL

Yes

Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

# PACLItaxel (TAXOL) 80 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB

Dose: 80 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 90 Minutes

Instructions:

Administer through a 0.22 micron filter and

non-PVC tubing set.

Ingredients:

NameTypeDoseSelectedAdds Vol.PACLITAXEL 6Medications80 mg/m2 MainYesMG/MLIngredient

CONCENTRATE, IN

TRAVENOUS

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % IV

**SOLP** 

(EXCEL;NON-PVC)

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

# 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

ma

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.