Protocol Index

OP ROMIDEPSIN

Types: ONCOLOGY TREATMENT
Synonyms: ISTOD, ROME, ROMI, LYMPH, T-CELL, TCELL, CUTAN, CUT

Cycles 1 to 3 Repeat 3 times Cycle length: 28 days

Days 1,8,15 Perform every 7 days x3

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: --

Nursing Orders

TREATMENT CONDITIONS 7
Interval: -- Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Electrolyte Replacement

TREATMENT CONDITIONS 16
Interval: -- Occurrences: --
Comments:
o Serum magnesium 1.4 - 1.9mEq/L, supplement as below and OK to then give Romidepsin (if QTc <480).
o Serum magnesium 1.7 - 1.9mEq/L, give 2 grams magnesium sulfate IV.
o Serum magnesium 1.4 - 1.6mEq/L, give 4 grams magnesium sulfate IV.
o Serum magnesium less than 1.4mEq/L, Call MD/NP.

o Serum potassium 3.3 - 3.9mEq/L, supplement as below and then OK to give Istodax (if QTc <480).
o Serum potassium 3.6 - 3.9mEq/L, give 40mEq KCL PO.
o Serum potassium 3.3 - 3.5mEq/L, give 40 mEq KCL IV and 40 mEq KCl PO.
o Serum potassium less than 3.3mEq/L, Call MD/NP.

o EKG must be done prior to each dose-Must document the QTc - perform AFTER electrolyte supplementation.
o QTc >480, call MD; otherwise OK to give Romidepsin.

magnesium sulfate IV 2 g
Dose: 2 g Route: intravenous once PRN
Start: S

magnesium sulfate IV 4 g
Dose: 4 g | Route: intravenous | once PRN
Start: S

potassium chloride (K-DUR) CR tablet 40 mEq
Dose: 40 mEq | Route: oral | once PRN
Start: S

potassium chloride 20 mEq in 100 mL IVPB (FOR CENTRAL LINE ONLY)
Dose: 20 mEq | Route: intravenous | every 1 hour prn over 60 Minutes for 2 doses
Start: S

Nursing Orders

TREATMENT CONDITIONS 14
Interval: -- | Occurrences: --
Comments: EKG must be done prior to each dose -- perform AFTER electrolyte supplementation. For QTc >480 msec, call MD; otherwise OK to give Istodax if QTc < 480 msec.

RHYTHM ECG, REPORT
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 (ZOFRAN) injection 8 mg**
Dose: 8 mg | Route: intravenous | once for 1 dose
Start: S | End: S 11:15 AM

○ **ondansetron (ZOFRAN) tablet 16 mg**
Dose: 16 mg | Route: oral | once for 1 dose
Start: S

○ **ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**
Dose: 16 mg | Route: intravenous | once over 15 Minutes for 1 dose
Start: S | End: S 11:00 AM

Ingredients:

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

Chemotherapy

romiDEPsin (ISTODAX) 14 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB
Dose: 14 mg/m2 | Route: intravenous | once over 4 Hours for 1 dose
Start: S | End: S 1:46 PM
Instructions:
QTc interval must be verified prior to each

dose.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ROMIDEPSIN 10 MG/2 ML INTRAVENOUS SOLUTION	Medications	14 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base		Yes	Yes

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

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

Discharge Nursing Orders

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

Dose: 20 mL | Route: intravenous | PRN

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

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