

OP SIPULEUCEL-T (PROVENGE) EVERY 14 DAYS

Types: ONCOLOGY TREATMENT

Synonyms: AUTOLOGOUS, CD54+, MALE, PROSTATE, STAGE 4

Cycles 1 to 3	Repeat 3 times	Cycle length: 14 days
Day 1		Perform every 1 day x1
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
Comments: PRIOR TO Immunotherapy.		
CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
Comments: PRIOR TO Immunotherapy.		
MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
Comments: PRIOR TO Immunotherapy.		
Outpatient Electrolyte Replacement Protocol		
TREATMENT CONDITIONS 39		
Interval: -- Occurrences: --		
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP		
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO		
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO		
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement		
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"		
o Sign electrolyte replacement order as Per protocol: cosign required		
TREATMENT CONDITIONS 40		
Interval: -- Occurrences: --		
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP		
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV		
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV		
o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement		
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"		

o Sign electrolyte replacement order as Per protocol: cosign required

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer at least 30 minutes prior to Sipuleucel-T.

diphenhydramine (BENADRYL) injection 50 mg

Dose: 50 mg Route: intravenous once for 1 dose

Start: S

Instructions:

Administer at least 30 minutes prior to Sipuleucel-T.

famotidine (PEPCID) tablet 20 mg

Dose: 20 mg Route: oral once for 1 dose

Start: S

Instructions:

Administer at least 30 minutes prior to Sipuleucel-T. NOTE: Patient to start on day of apheresis and continue throughout treatment.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: -- Occurrences: --
Comments: For autologous use only.

ONC NURSING COMMUNICATION 80

Interval: -- Occurrences: --
Comments: Identity of patient MUST match patient identifiers on the infusion bag AND on the "Final Product Disposition Notification" prior to infusion.

ONC NURSING COMMUNICATION 5

Interval: -- Occurrences: --
Comments: DO NOT infuse until confirmation of product release is received from Dendreon Pharmaceuticals.

ONC NURSING COMMUNICATION 6

Interval: -- Occurrences: --
Comments: Keep sealed infusion bag in the insulated polyurethane container inside the shipping box until ready for administration.

ONC NURSING COMMUNICATION 8

Interval: -- Occurrences: --
Comments: Prior to infusion, inspect bag for signs of leaks-DO NOT administer if leaking or damaged.

ONC NURSING COMMUNICATION 9

Interval: -- Occurrences: --
Comments: Gently mix to resuspend contents.

ONC NURSING COMMUNICATION 10

Interval: -- Occurrences: --
Comments: Inspect for clumps or clotting.

ONC NURSING COMMUNICATION 11

Interval: -- Occurrences: --
Comments: Small clumps should disperse with the gentle mixing (for up to 3 minutes if necessary).

ONC NURSING COMMUNICATION 12

Interval: -- Occurrences: --
Comments: DO NOT administer if clumps remain. Contact/Report to Dendreon OnCall.

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: --
Comments: Infusion must begin prior to the expiration date and time.

ONC NURSING COMMUNICATION 15

Interval: -- Occurrences: --
Comments: DO NOT infuse if expired.

Line Flush

lactated ringer's infusion 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

lactated ringer's infusion 250 mL

Dose: 250 mL Route: intravenous continuous @ 30 mL/hr

Instructions:
To keep vein open

Chemotherapy

sipuleucel-T-lactated ringers (PROVENGE) 50 million cell/250 mL infusion 250 mL

Dose: 250 mL Route: intravenous once over 60 Minutes for 1 dose
Offset: 30 Minutes

- Instructions:
1. Infuse over 60 minutes
 2. Infuse entire contents of the bag
 3. DO NOT use a cell filter for infusion
 4. For acute infusion reaction, interrupt infusion and ACTIVATE hypersensitivity reaction protocol
 5. If infusion is interrupted then keep infusion bag at room temperature
 6. DO NOT resume if bag is retained at room temperature for greater than 3 hours
 7. Observe patient for at least 30 minutes after infusion

PRN Medications

ondansetron (ZOFRAN) injection 8 mg

Dose: 8 mg Route: intravenous once PRN
Start: S

promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9% 10 mL injection

Dose: 12.5 mg Route: intravenous once PRN
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PROMETHAZINE 25 MG/ML INJECTION SOLUTION SODIUM	Medications	12.5 mg	Main Ingredient	No
		Base	10 mL	Always	Yes

CHLORIDE 0.9 %
INJECTION
SOLUTION

meperidine (DEMEROL) injection 25 mg

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

PRN Medications

alteplase (CATHFLO) for Quinton and Hemodialysis Catheters 2 mg

Dose: 2 mg Route: intra-catheter once PRN
Start: S

Instructions:

Instructions: Notify MD. Draw labs via peripheral vein access. Hold and notify MD if platelet count is less than 50,000. 2 mg dose of Cathflo is for Quinton and Hemodialysis Catheter Clearance.

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.

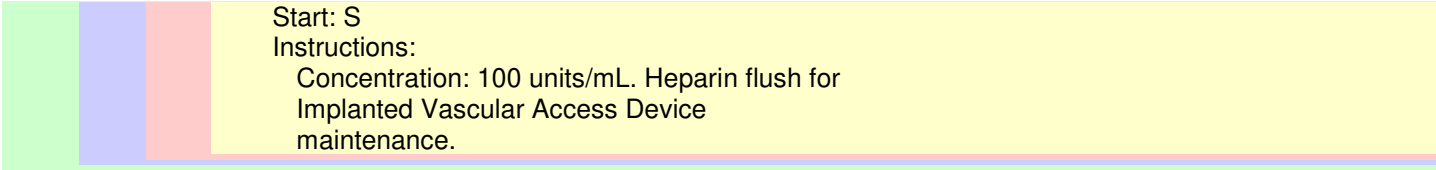
Discharge Nursing Orders

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.