

OP TVEC

Types: ONCOLOGY TREATMENT

Synonyms: TALIMOGENE, LAHERPAREPVEC, IMLYGIC

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1		Perform every 1 day x1
Appointment Requests		
ONC INFUSION APPOINTMENT REQUEST 4		
Interval: -- Occurrences: --		
Nursing Orders		
ONC NURSING COMMUNICATION 2		
Interval: -- Occurrences: --		
Comments: <ol style="list-style-type: none">1. If the lesion size is GREATER than 5 cm, inject up to 4 mL;2. If the lesion size is GREATER than 2.5 cm to 5 cm, inject up to 2 mL;3. If the lesion size is GREATER than 1.5 cm to 2.5 cm, inject up to 1 mL;4. If the lesion size is GREATER than 0.5 cm to 1.5 cm, inject up to 0.5 mL;5. If the lesion size is LESS than or EQUAL to 0.5 cm, inject up to 0.1 mL.		
Maximum volume for all injection lesions combined = 4 mL		
ONC NURSING COMMUNICATION 5		
Interval: -- Occurrences: --		
Comments: Call pharmacy at 1-9293 when ready to release medication		
ONC NURSING COMMUNICATION 6		
Interval: -- Occurrences: --		
Comments: Verify that patient applied EMLA cream to lesion sites at home 1 hour prior to injection		
ONC NURSING COMMUNICATION 8		
Interval: -- Occurrences: --		
Comments: Vital signs - instruct patient to report symptoms of chills, fever or pain		
Pre-Medications		
acetaminophen (TYLENOL) tablet 650 mg		
Dose: 650 mg Route: oral once for 1 dose		
Start: S		
lidocaine-prilocaine (EMLA) cream		
Dose: -- Route: Topical once PRN for 1 dose		
Start: S		
Chemotherapy		
talimogene laherparepvec (IMLYGIC) 10exp6 (1 million) PFU/mL intralesional chemo injection		
Dose: -- Route: intralesional once for 1 dose		
Offset: 30 Minutes		
Instructions: Maximum volume for all injection lesions combined = 4 mL		
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

Cycles 2 to 4

Repeat 3 times

Cycle length: 14 days

Day 1

Perform every 1 day x1

Appointment Requests

ONC INFUSION APPOINTMENT REQUEST 4

Interval: -- Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: -- Occurrences: --

Comments:

1. If the lesion size is GREATER than 5 cm, inject up to 4 mL;
2. If the lesion size is GREATER than 2.5 cm to 5 cm, inject up to 2 mL;
3. If the lesion size is GREATER than 1.5 cm to 2.5 cm, inject up to 1 mL;
4. If the lesion size is GREATER than 0.5 cm to 1.5 cm, inject up to 0.5 mL;
5. If the lesion size is LESS than or EQUAL to 0.5 cm, inject up to 0.1 mL.

Maximum volume for all injection lesions combined = 4 mL

ONC NURSING COMMUNICATION 5

Interval: -- Occurrences: --

Comments:

Call pharmacy at 1-9293 when ready to release medication

ONC NURSING COMMUNICATION 6

Interval: -- Occurrences: --

Comments:

Verify that patient applied EMLA cream to lesion sites at home 1 hour prior to injection

ONC NURSING COMMUNICATION 8

Interval: -- Occurrences: --

Comments:

Vital signs - instruct patient to report symptoms of chills, fever or pain

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

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

lidocaine-prilocaine (EMLA) cream

Dose: -- Route: Topical once PRN for 1 dose
Start: S

Chemotherapy

talimogene laherparepvec (IMLYGIC) 10exp8 (100 million) PFU/mL intralesional chemo injection (RESTRICTED)

Dose: -- Route: intralesional once for 1 dose
Offset: 30 Minutes

Instructions:

Maximum volume for all injection lesions
combined = 4 mL

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.
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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.
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ONC NURSING COMMUNICATION 4

Interval: --

Occurrences: --

Comments:

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1. Stop the infusion.
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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.
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Dose: 25 mg

Route: intravenous

PRN

Start: S

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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