OP XELIRI / CETUXIMAB (EVERY 7 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FOLFOXIRI, FLUOROURACIL, LEUCOVORIN, OXALIPLATIN, IIRINOTECAN, AGE, CAMPTOSAR,

ADRUCIL, ELOXATIN, FLOW, IRENE, CETUX, ERBIT

Take-Home MedicationsRepeat 1 time

Cycle length: 1 day

Perform every 1 day x1

Take-Home Medications Prior to Treatment

capecitabine (XELODA) 500 mg chemo tablet

Dose: 1,000 mg/m2 Route: oral 2 times daily

Dispense: -- Refills: -- Start: S End: S+14

Cycle 1 Repeat 1 time Cycle length: 21 days

Day 1 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST Interval: -- Occurrences: --

Labs

□ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

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

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

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 1.0mEg/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 1.5mEg/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 7

Interval: -- Occurrences: --

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

100,000.

Nursing Orders

ONC NURSING COMMUNICATION 15

Interval: -- Occurrences: --

Comments: Verify that the patient has taken appropriate oral chemotherapy

medication from home prescription.

Provider Communication

ONC PROVIDER COMMUNICATION 2

Interval: -- Occurrences: --

Comments: Tumor KRAS gene status should be determined prior to initiation of

therapy. KRAS type: Please Push F2:115540219.

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) 16 mg, dexamethasone

☑ (DECADRON) 12 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 12 mg Yes No

Medications 16 mg

Yes

No

Yes

4 MG/ML INJECTION SOLUTION

SODIUM Base 50 mL Always Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base No

WATER (D5W) INTRAVENOUS SOLUTION

Dose: 16 mg Start: S	Route: oral	,				
Start. S	End: S 11:30		once for 1 dose			
☐ dexamethas	☐ dexamethasone (DECADRON) tablet 12 mg					
Dose: 12 mg Start: S	Route: oral	(once for 1 do	se		
□ palonosetro	□ palonosetron (ALOXI) injection 0.25 mg					
Dose: 250 m Start: S Instructions: For OUTPA	eg Route: intrav End: S 3:00 ATIENT use only.		once for 1 dose			
	CINVANTI) 130 mg in de	extrose				
Dose: 130 m	5% 130 mL IVPB g Route: intrav End: S	venous (once over 30	Minutes fo	r 1 dose	
Ingredients:	Name	TANT 7.2	Type Medications	Dose 130 mg	Selected Main Ingredient	Adds Vol. Yes
	DEXTRO	OSE 5 % IN 1 (D5W) IV EXCEL;	Base	130 mL	Yes	Yes
	SODIUM CHLORI SOLP		Base	130 mL	No	Yes
Pre-Medications	(- ,	,,				
atropine inje Dose: 0.25 m Start: S	ction 0.25 mg g Route: intrav	venous (once PRN			
Pre-Medications						
	AMINE (BENADRYL) in	jection 25				
mg Dose: 25 mg Start: S	Route: intrav	venous (once for 1 do	se		
Instructions: Give 30 mi	nutes prior to cetuximab).				
Supportive Care						
○ LORAZepan	ı (ATIVAN) injection 1 ı	mg				
Dose: 1 mg Start: S	Route: intrav	venous (once PRN			
○ LORAZepan	○ LORAZepam (ATIVAN) tablet 1 mg					
Dose: 1 mg Start: S	Route: oral	(once PRN			
Chemotherapy cetuximab (I Dose: 400 m	ERBITUX) 400 mg/m2 intrav		once over 120) Minutos f	or 1 doso	
Dose. 400 m	g/mz houte. intrav		Offset: 30 Mir		or ruose	
filter. Do no	with low protein binding ot shake. Do not mix with s. Flush IV line with NS	h other				

of infusion.

1st infusion: Infuse first 10 mL over 10 minutes and observe patient for 30 minutes for allergic reactions if infusion tolerated, infuse loading dose over 120 minutes.

Rate of infusion not to exceed 10 mg/minute (5

mL/minute)

Ingredients: Name Type Dose CETUXIMAB 100 Medications 400 Main Yes

MG/50 ML mg/m2 Ingredient INTRAVENOUS

irinotecan (CAMPTOSAR) 250 mg/m2 in dextrose 5% 500 mL chemo IVPB

Dose: 250 mg/m2 Route: intravenous once over 90 Minutes for 1 dose

Offset: 2.5 Hours

Instructions:

Protect from light

Ingredients: Name Type Dose Selected Adds Vol.

IRINOTECAN 100 Medications 250 Main Yes MG/5 ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

SOLUTION

DEXTROSE 5 % IN QS Base 500 mL Yes Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

SODIUM QS Base 500 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

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

☑ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

☑ CBC WITH PLATELET AND DIFFERENTIAL

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.

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

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: --

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

> Protocol applies for SCr less than 1.5. Otherwise, contact 0

MD/NP

Protocol applies only to same day lab value. 0

Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium 0

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 15

Interval: --Occurrences: --

Comments: Verify that the patient has taken appropriate oral chemotherapy

medication from home prescription.

Line Flush

sodium chloride 0.9 % flush 20 mL

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

Start: S

Pre-Medications

diphenhydrAMINE (BENADRYL) injection 25

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Give 30 minutes prior to cetuximab.

Supportive Care

LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg once PRN Route: intravenous

Start: S

LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once PRN

Start: S

Chemotherapy

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end

of infusion.

Rate of infusion not to exceed 10 mg/minute (5 mL/minute)

Ingredients: Selected Adds Vol. Name Type Dose **CETUXIMAB 100** Main Medications 250 Yes MG/50 ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

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 Sympton

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

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

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 Appointment Requests

Perform every 1 day x1

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☐ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

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

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 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

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

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Nursing Orders

ONC NURSING COMMUNICATION 15

Interval: -- Occurrences: --

Comments: Verify that the patient has taken appropriate oral chemotherapy

medication from home prescription.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Pre-Medications

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S Instructions:

Give 30 minutes prior to cetuximab.

Supportive Care

○ LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg Start: S

Route: intravenous

once PRN

○ LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Start: S

Route: oral

once PRN

Chemotherapy

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2

Route: intravenous

once over 60 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion.

Rate of infusion not to exceed 10 mg/minute (5

mL/minute)

Ingredients:

Comments:

Name CETUXIMAB 100

MG/50 ML **INTRAVENOUS**

Dose Selected Adds Vol. Medications 250

Main Yes mg/m2 Ingredient

SOLUTION Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --Occurrences: --

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms

only – itching, flushing, periorbital edema, rash, or runny nose)

Type

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 –

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

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

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

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

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.

Cycles 2 to 6 Repeat 5 times Cycle length: 21 days

Day 1 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☑ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

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.

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:	o Protocol applies MD/NP o Protocol applies o Serum Magnesi sulfate IV and contact M o Serum Magnesi sulfate IV o Serum Magnesi sulfate IV o Serum Magnesi magnesium replacemen o If patient meets Electrolyte Replacemen	m Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium m Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium m Magnesium 1.6 mEq/L or greater, do not give eplacement ient meets criteria, order SmartSet called "Outpatient				
Line F		flerely 00 mil					
	sodium chloride 0.9 % Dose: 20 mL Start: S	Route: intravenous	PRN				
Nursir	ng Orders						
	sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 m	L/hr for 1 c	lose		
Pre-M	ledications						
	ondansetron (ZOFRAN ☑ (DECADRON) 12 mg in 50 mL IVPB		ne				
	Dose:	Route: intravenous	once over 15 Minutes for 1 dose				
	Start: S Ingredients:	End: S 11:30 AM Name ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Type Medications	Dose 16 mg	Selected Yes	Adds Vol. No	
		DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No	
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes	
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes	
	□ ondansetron (ZOFRAN) tablet 16 mg						
	Dose: 16 mg Start: S	Route: oral End: S 11:30 AM	once for 1 do	se			
	□ dexamethasone (DECADRON) tablet 12 mg						
	Dose: 12 mg Start: S	Route: oral	once for 1 do	se			
	□ palonosetron (ALOXI) i	injection 0.25 mg					

Dose: 250 mcg once for 1 dose Route: intravenous Start: S End: S 3:00 PM Instructions: For OUTPATIENT use only. aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose Start: S End: S Ingredients: Name Type Dose Selected Adds Vol. APREPITANT 7.2 Main Medications 130 mg Yes MG/ML Ingredient **INTRAVENOUS EMULSION** 130 mL Yes DEXTROSE 5 % IN Base Yes WATER (D5W) IV SOLP (EXCEL; NON-PVC) SODIUM 130 mL No Yes Base CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) **Pre-Medications** diphenhydrAMINE (BENADRYL) injection 25 mg Route: intravenous Dose: 25 mg once for 1 dose Start: S Instructions: Give 30 minutes prior to cetuximab. Supportive Care LORAZepam (ATIVAN) injection 1 mg Dose: 1 mg Route: intravenous once PRN Start: S LORAZepam (ATIVAN) tablet 1 mg Dose: 1 mg Route: oral once PRN Start: S Chemotherapy cetuximab (ERBITUX) 250 mg/m2 in 0 mL Dose: 250 mg/m2 once over 60 Minutes for 1 dose Route: intravenous Offset: 30 Minutes Instructions: Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion. Rate of infusion not to exceed 10 mg/minute (5 mL/minute) Ingredients: Name **Type** Dose Selected Adds Vol. **CETUXIMAB 100** Medications 250 Main Yes Ingredient MG/50 ML mg/m2 **INTRAVENOUS** SOLUTION irinotecan (CAMPTOSAR) 250 mg/m2 in dextrose 5% 500 mL chemo IVPB Dose: 250 mg/m2 Route: intravenous once over 90 Minutes for 1 dose Offset: 1.5 Hours Instructions:

Protect from light

Ingredients: Name Type Dose Selected Adds Vol.

IRINOTECAN 100 Medications 250 Main Yes MG/5 ML mg/m2 Ingredient

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base 500 mL Yes Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

SODIUM QS Base 500 mL No Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

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

mq

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

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

☑ COMPREHENSIVE METABOLIC PANEL

Interval: --Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

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)

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

Protocol applies only to same day lab value. 0

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 3.4mEg/L, give 20mEg KCL IV or PO 0

Serum potassium 3.5 mEq/L or greater, do not give potassium 0

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. O

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

sulfate IV and contact MD/NP

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 mEg/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 15

Interval: --Occurrences: --

Comments: Verify that the patient has taken appropriate oral chemotherapy

medication from home prescription.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Pre-Medications

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Give 30 minutes prior to cetuximab.

Supportive Care

○ LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg Route: intravenous once PRN

Start: S

○ LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once PRN

Start: S

Chemotherapy

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end

of infusion.

Rate of infusion not to exceed 10 mg/minute (5

mL/minute)

Interval: --

Ingredients: Name Type Dose Selected Adds Vol.

CETUXIMAB 100 Medications 250 Main Yes MG/50 ML mg/m2 Ingredient INTRAVENOUS

SOLUTION

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Comments: Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms

only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.

Occurrences: --

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: --Comments: Occurrences: --

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

Dose: 20 mg Start: S

Route: intravenous

PRN

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

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: -- Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

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

☐ COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

CBC WITH PLATELET AND DIFFERENTIAL

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

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 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

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 1.0mEg/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

ONC NURSING COMMUNICATION 15

Interval: -- Occurrences: --

Comments: Verify that the patient has taken appropriate oral chemotherapy

medication from home prescription.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Pre-Medications

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Give 30 minutes prior to cetuximab.

Supportive Care

○ LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg Route: intravenous once PRN

Start: S

LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once PRN

Start: S

Chemotherapy

cetuximab (ERBITUX) 250 mg/m2 in 0 mL

Dose: 250 mg/m2 Route: intravenous once over 60 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Administer with low protein binding 0.22 micron filter. Do not shake. Do not mix with other medications. Flush IV line with NS at the end of infusion.

Rate of infusion not to exceed 10 mg/minute (5

mL/minute) Ingredients:

Name **CETUXIMAB 100** **Type** Medications 250

Dose mg/m2 Selected Adds Vol. Main Yes

Ingredient

MG/50 ML **INTRAVENOUS** SOLUTION

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)

- 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

Nursing Orders

ONC NURSING COMMUNICATION 14

Interval: -- Occurrences: --

Comments: Contact Provider if drug-induced acneiform rash develops and covers

more than 25 per cent of the body.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: -- 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.