

## Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Sedimentation rate STAT, Status: Future, Expires: S+366, Clinic Collect	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> C-reactive protein STAT, Status: Future, Expires: S+366, Clinic Collect	Every 3 weeks	S	Until discont'd

## Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Details	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Treatment conditions HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 50,000; Hemoglobin GREATER than 17 g/dL.	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of minor infusion reaction; fever, chills, pruritis, urticaria, chest pain, mild hypotension, hypertension, or mild dyspnea. For *MINOR INFUSION REACTION* take the following steps: stop infusion and restart 20 minutes later after administration of Benadryl 25 mg IV once, Tylenol 650 mg PO once, and Hydrocortisone 25 mg IV once.	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of moderate/severe or anaphylaxis infusion reaction: stop infusion and call MD.	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, catheter care, Starting S, For 10 Doses	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> Discontinue IV Details	Every 3 weeks	S	Until discont'd

## Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes before siltuximab infusion.	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes before siltuximab infusion.	Every 3 weeks	S	Until discont'd
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes before siltuximab infusion.	Every 3 weeks	S	Until discont'd

## Pre-Medications (continued)

### Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> siltuximab 11 mg/kg in dextrose 5% 250 mL chemo IVPB 11 mg/kg, intravenous, for 1 Hours, once, Starting S, For 1 Doses Administer using administration sets lined with polyvinyl chloride (PVC), or polyurethane (PU), or polyethylene (PE), which contain a 0.2 micron inline polyethersulfone (PES) filter.	Every 3 weeks	S	Until discontinuation

### Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 4 hours PRN, headaches, fever, myalgia, Starting S Give 325-650 mg for headache, fever, myalgia	PRN	S	Until discontinuation
<input type="checkbox"/> diphenhydramine (BENADRYL) tablet 25 mg 25 mg, oral, every 6 hours PRN, itching, for allergic reaction symptoms, Starting S	PRN	S	Until discontinuation
<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, for anaphylactic reaction, Starting S, For 1 Doses	PRN	S	Until discontinuation
<input type="checkbox"/> epinephrine (ADRENALIN) 1 mg/1 mL injection 1 mg 1 mg, intravenous, once PRN, anaphylaxis, for anaphylactic reaction, Starting S, For 1 Doses	PRN	S	Until discontinuation
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once PRN, for anaphylactic reaction, Starting S, For 1 Doses	PRN	S	Until discontinuation
<input type="checkbox"/> promethazine (PHENERGAN) tablet 50 mg 50 mg, oral, every 4 hours PRN, nausea, vomiting, Starting S Give 25-50 mg every 4-6 hours for nausea/vomiting	PRN	S	Until discontinuation
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, once PRN, Hydration, Starting S, For 1 Doses	PRN	S	Until discontinuation