

Location: _____

Medications

Pre-Medications

☒ Hydration for Carfilzomib (Required)

☐ **sodium chloride 0.9 % infusion 250 mL bolus over 30 minutes** 250 mL, intravenous, once, 1, Occurrences, 30.000
Minutes

Administer bolus over 30 minutes.

☐ **sodium chloride 0.9 % infusion 500 mL bolus over 30 minutes** 500 mL, intravenous, once, 1, Occurrences, 30.000
Minutes

Administer bolus over 30 minutes.

☒ **acetylcysteine 200 mg/mL (20%) oral solution** 1200 mg, oral, once, 1, Occurrences

Give 1200 mg orally 30 minutes prior to carfilzomib infusion.

☒ **acetaminophen (TYLENOL) tablet** 650 mg, oral, once, 1, Occurrences

Give once 30 minutes prior to carfilzomib infusion

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☒ **diphenhydramine (BENADRYL) injection OR oral**

☒ **diphenhydrAMINE (BENADRYL) tablet** 25 mg, oral, once PRN, itching

To be used for Acetylcysteine Induced itching

☒ **diphenhydrAMINE (BENADRYL) injection** 25 mg, intravenous, once PRN, itching

To be used for Acetylcysteine Induced itching.

carfilzomib (KYPROLIS) in dextrose 5% chemo IVPB

☒ **carfilzomib (KYPROLIS) in dextrose 5% 50 mL chemo IVPB** 20 mg/m², intravenous, once, 1, Occurrences, 10.000

Minutes

Post-Medications

☒ Hydration for Carfilzomib (Required)

☐ **sodium chloride 0.9 % infusion 250 mL bolus over 30 minutes** 250 mL, intravenous, once, 1, Occurrences, 30.000
Minutes

Administer bolus over 30 minutes.

☐ **sodium chloride 0.9 % infusion 500 mL bolus over 30 minutes** 500 mL, intravenous, once, 1, Occurrences, 30.000
Minutes

Administer bolus over 30 minutes.

☒ **acetylcysteine 200 mg/mL (MUCOMYST) oral solution** 1200 mg, once, 1, Occurrences

Give 1,200 mg orally once 30 minutes post carfilzomib infusion.

For Infusion Reaction Management

☒ **hydrocortisone sodium succinate (Solu-CORTEF) injection** 100 mg, intravenous, once PRN, for infusion reaction

Administer once PRN chills

☒ **acetaminophen (TYLENOL) tablet** 325 mg, oral, every 6 hours PRN, for temperature greater than 100 F, fever

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Labs

Labs

☒ **CBC with platelet and differential** AM draw repeats, 7, Days, S, Routine, Blood, 3, Draw initial lab prior to first dose of Carfilzomib

☒ **Absolute neutrophil count** AM draw repeats, 3, Days, S, Routine, Blood, 3, Draw initial lab prior to first dose of Carfilzomib

☒ **Hepatic function panel** AM draw repeats, 7, Days, S, Routine, Blood, 3, Draw initial lab prior to first dose of Carfilzomib

☒ **hCG qualitative, serum screen** Once, 1, Occurrences, Routine, Blood, 3, Prior to first dose of Carfilzomib

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Additional Orders

Sign: _____ Printed Name: _____ Date/Time: _____