| **Date** | **Time** | **PHYSICIAN ORDERS*****\*\*Chemotherapy orders must be signed by faculty/staff physician\*\******Visit ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- |
|  |  | Required Documentation (Orders cannot be processed unless these fields are completed)* **Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Admit as:** **[ ]  Inpatient or** **[ ]  Outpatient**
 |
| * Weight \_\_\_\_\_\_\_\_ kg **(no shoes, empty pockets)**

**Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  | **Research Team for Visit*** MD to contact for THIS visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Research staff to contact for THIS visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  | Allergies [ ]  NKA [ ]  List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | CALL ORDERS |
| * SBP < 90 mmHg or > 160 mmHg
* RR < 10 bpm or > 24 bpm
* T > 38°C
* Uncontrolled pain, severe muscle or joint pain
* Chills or Shaking Chills
* ICANS / ICE score < 10
 | * Platelets < 75\*109/L (25\*109/L if bone marrow infiltration or splenic sequestration)
* ANC < 1\*109/L (0.5\*109/L if bone marrow infiltration or splenic sequestration)
* Hemoglobin < 9g/dl (7 g/dL if bone marrow infiltration or splenic sequestration)
* Creatinine clearance < 60 mL/min
* Bilirubin > 1.5 mg/dL
* AST > 117 units/L
* ALT > 156 units/L
* ALP > 375 units/L
* Glucose > 250 mg/dL
* Urine protein > 3+ on C1D1
* Positive urine pregnancy
 |
|  |  | General[x]  Participant may take home medications[x]  Diet and Activity as tolerated |
|  |  | **Available IV Access**[ ]  Central IV access required [x]  Initiate IV Access Device Management Protocol-Adult |
|  |  | Assessments [x] [x]  |
|  |  | ICANS/ICE Assessment[x]  Complete ICANS/ICE assessment @ just prior to dosing; then complete an assessment within 8 hours of the previous assessment throughout length of stay; then complete an assessment just prior to discharge. Continue assessment at these intervals if total score = 10.[x]  If score < 10, alert physician and complete ICANS/ICE assessment at a minimum of every 4 hours until total score = 10. Return to every 8 hours assessment as long as total score = 10. |
|  |  | Hypersensitivity / Anaphylaxis Precautions[x]  Institute Hypersensitivity Treatment Order (IU Health CH# 20696) for infusion related event. [x] Institute Cytokine Release Syndrome / Neurotoxicity Orders CH#22910 (physician to complete) for CRS / Neurotoxicity |
|  |  | Emergency Medication at Bedside[x]  Hydrocortisone PF injection 100 mg, IV Push, PRN x 1 Dose, For Hypersensitivity Reaction: *Chest tightness, shortness of breath, chills, rigors, bronchospasm, generalized urticarial or restlessness* during or after injection[x] DiphenhydrAMINE 50 mg, IV Push, PRN x 1 dose for Hypersensitivity Reaction: *pruritis and scratchy throat* during or after injection, use first. [x] Famotidine 20 mg, IV Push, PRN x 1 dose for Hypersensitivity Reaction: *pruritis and scratchy throat* during or after injection. Use second[x] EPINEPHrine inj 1 mg/mL 0.3 mg, Subcutaneous, Injection, PRN x 1 dose for Hypersensitivity Reaction: *anaphylaxis or severe reaction* to injection**[x]** Albuterol HFA MDI 90mCg/puff inhalation aerosol 2 Puff, Inhalation, Aerosol, MDI/DPI Inhaler Treatment, Unscheduled, PRN, Hypersensitivity Reaction: *wheezing* during or after Injection |
|  |  | **IV Fluids** [ ]  0.9% NaCl 1000 mL IV at 125 mL/Hr continuous infusion[ ]  0.9% NaCl 1000 mL IV at 100 mL/Hr continuous infusion[ ]  0.9% NaCl 1000 mL IV at 75 mL/Hr continuous infusion[ ]  0.9% NaCl 1000 mL IV bolus ONCE over 1 hour[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **Premedications****[ ]** **[ ]** **[ ]**  |
|  |  | **Additional Medications****[ ]** **[ ]** **[ ]**  |
|   |  | **Treatment**[x]  STUDY NOTE: Dispensed by \_\_\_\_\_\_\_\_\_\_NOTE: **Verification RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | IU Health Pathology Laboratory **(Cerner or Study Req)**[x] [x]  |
|  |  | Clinical and Translational Support Laboratory[x] [x]  |
|  |  | Discharge**[x]**  **C1D2, D9, and D16:** May discharge @ 24hrs (±4hrs) EOI if VSS, ICANS score **=** 10 and pt asymptomatic[x]  **C1, D22 & C2+, D1+:** May discharge @ 1hr EOI if VSS, ICANS score **=** 10 and pt asymptomatic[x] Educate patient to avoid ALL corticosteroids (unless approved by oncologist) during treatment **[x]** Educate patient to avoid ALL LIVE vaccines 28 days prior to treatment, during treatment and until 12 weeks after the last dose |
|  |  | Team Leads |