| **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  Participant may take home medications  Diet and Activity as tolerated | | |
|  |  | **Available IV Access**  Central IV access required  Initiate IV Access Device Management Protocol-Adult | | |
|  |  | Assessments | | |
|  |  | ICANS/ICE Assessment  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.  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  Institute Hypersensitivity Treatment Order (IU Health CH# 20696) for infusion related event.  Institute Cytokine Release Syndrome / Neurotoxicity Orders CH#22910 (physician to complete) for CRS / Neurotoxicity | | |
|  |  | Emergency Medication at Bedside  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  DiphenhydrAMINE 50 mg, IV Push, PRN x 1 dose for Hypersensitivity Reaction: *pruritis and scratchy throat* during or after injection, use first.  Famotidine 20 mg, IV Push, PRN x 1 dose for Hypersensitivity Reaction: *pruritis and scratchy throat* during or after injection. Use second  EPINEPHrine inj 1 mg/mL 0.3 mg, Subcutaneous, Injection, PRN x 1 dose for Hypersensitivity Reaction: *anaphylaxis or severe reaction* to injection  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**  STUDY  NOTE: Dispensed by \_\_\_\_\_\_\_\_\_\_  NOTE:  **Verification RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  |  | IU Health Pathology Laboratory  **(Cerner or Study Req)** | | |
|  |  | Clinical and Translational Support Laboratory | | |
|  |  | Discharge  **C1D2, D9, and D16:** May discharge @ 24hrs (±4hrs) EOI if VSS, ICANS score **=** 10 and pt asymptomatic  **C1, D22 & C2+, D1+:** May discharge @ 1hr EOI if VSS, ICANS score **=** 10 and pt asymptomatic  Educate patient to avoid ALL corticosteroids (unless approved by oncologist) during treatment  Educate patient to avoid ALL LIVE vaccines 28 days prior to treatment, during treatment and until 12 weeks after the last dose | | |
|  |  | Team Leads | | |