Regimen Reference Order

oxaliplatin desensitization (Dose equal to or greater than 100 mg in 500 mL D5W)

oxaliplatin desensitization protocol is prescribed in combination with an oxaliplatin-based protocol

To order this therapy in ARIA, refer to Additional Information below

Planned Course: **Refer to prescribed oxaliplatin-based protocol**
Indication for Use: **Eligible patients with previous hypersensitivity reactions to oxaliplatin**

Alert: Desensitization protocol

oxaliplatin:

- ***This Regimen Reference Order applies only to oxaliplatin doses prepared in a total volume of 500 mL D5W by Pharmacy. For those doses prepared in other volumes for stability, this Regimen Reference Order does not apply as administration rates would need to be adjusted***
- ***oxaliplatin must be the first chemotherapy agent administered when given in combination with another chemotherapy agent***
- ***IV tubing is primed with oxaliplatin (Cytotoxic)***
- ***oxaliplatin is administered slowly following specified rate increases. oxaliplatin infusion takes approximately 4.5 hours to complete***

CVAD: At Provider's Discretion

Blood work requirements:

- ***Refer to prescribed oxaliplatin-based protocol***

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
montelukast	10 mg	Orally once daily the day before oxaliplatin **Nursing Alert: Notify physician if patient has not taken montelukast* **(Self-administered at home)**

Treatment Regimen – oxaliplatin desensitization (Dose equal to or greater than 100 mg)

Establish primary solution 500 mL of: D5W (oxaliplatin incompatible with normal saline)

Drug	Dose	CCMB Administration Guideline
Antiemetics	Antiemetics must be given prior to oxaliplatin. Refer to prescribed oxaliplatin-based protocol	

cetirizine	20 mg	Orally **1 hour** prior to oxaliplatin
acetylsalicylic acid (ASA)	650 mg	Orally **1 hour** prior to oxaliplatin
montelukast	10 mg	Orally **1 hour** prior to oxaliplatin
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes **1 hour** prior to oxaliplatin **Nursing Alert: oxaliplatin starts **1 hour after completion** of dexamethasone*
famotidine	20 mg	IV in normal saline 50 mL over 15 minutes **45 minutes** prior to oxaliplatin
Wait 45 minutes after completion of IV pre-medications before starting oxaliplatin		
oxaliplatin	Dose as specified in protocol	IV in D5W 500 mL following the administration rates below: ***Step 1:*** 2 mL/hour for 15 minutes, then ***Step 2:*** 4 mL/hour for 15 minutes, then ***Step 3:*** 6 mL/hour for 15 minutes, then ***Step 4:*** 8 mL/hour for 15 minutes, then ***Step 5:*** 10 mL/hour for 15 minutes, then ***Step 6:*** 15 mL/hour for 15 minutes, then ***Step 7:*** 30 mL/hour for 15 minutes, then **Nursing Alert: Start leucovorin if ordered as part of oxaliplatin-based protocol. There is no interruption in oxaliplatin infusion* ***Step 8:*** 60 mL/hour for 15 minutes, then ***Step 9:*** 80 mL/hour for 15 minutes, then ***Step 10:*** 100 mL/hour for 15 minutes, then ***Step 11:*** 120 mL/hour for 15 minutes, then ***Step 12:*** 140 mL/hour for 15 minutes, then ***Step 13:*** 160 mL/hour for 15 minutes, then ***Step 14:*** 180 mL/hour for 15 minutes, then ***Step 15:*** 200 mL/hour for 15 minutes, then ***Step 16:*** 400 mL/hour for 15 minutes, then ***Step 17:*** 600 mL/hour until infusion is complete **Alert: Pharmacy to ensure final volume in bag = 500 mL for doses stable in that volume* **Alert: oxaliplatin must be the first chemotherapy agent administered when given in combination with another chemotherapy agent* **Nursing Alert: IV tubing is primed with oxaliplatin* **Nursing Alert: If leucovorin is part of the protocol, leucovorin can be infused over the final 2 hours of the oxaliplatin infusion using a Y-site connector*

In the event of an infusion-related hypersensitivity reaction, refer to the **'Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period required. Patient can be discharged from treatment room if stable whether they had a reaction or not
- Refer to the prescribed oxaliplatin-based protocol for additional monitoring

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Refer to the prescribed oxaliplatin-based protocol		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Refer to the prescribed oxaliplatin-based protocol for additional discharge instructions
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Oncologist must write first prescription of oxaliplatin desensitization protocol
- Once the patient requires oxaliplatin desensitization protocol, all subsequent oxaliplatin doses must be given using the desensitization protocol
- Refer to the prescribed oxaliplatin-based protocol for additional oxaliplatin information
- **ARIA ordering**: Support protocol is available under **oxaliplatin(>=100mg)** in the "Desensitization" folder
- Administration site restrictions may be in place for oxaliplatin desensitization