Physician’s Orders
ALEMTUZUMAB (CAMPATH) FOR CHRONIC LUNG ALLOGRAFT DYSFUNCTION (CLAD) - ADULT, OUTPATIENT, INFUSION CENTER

Anticipated Infusion Date__________ ICD 10 Code with Description____________________________________________________________
Height___________(cm) Weight___________(kg) Allergies______________________________________________________________

Provider Specialty
☐ Allergy/Immunology ☐ Cardiology ☐ Gastroenterology ☐ Genetics
☐ Infectious Disease ☐ Internal Med/Family Practice ☐ Nephrology ☐ Neurology
☐ OB/GYN ☐ Other ☐ Otolaryngology ☐ Pulmonary
☐ Rheumatology ☐ Surgery ☐ Urology ☐ Wound Care

Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City
☐ SH United Memorial ☐ SH Zeeland

Treatment intent
☐ Conditioning ☐ Curative ☐ Mobilization ☐ Palliative
☐ Control ☐ Maintenance ☐ Supportive

Types: NON-ONCOLOGY SUPPORTIVE CARE
Synonyms: ALEMTUZUMAB, CAMPATH, ALLOGRAFT, TRANSPLANT, CLAD, BOS, LUNG

Appointment Requests
ONC CBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1
Expected: S, Expires: S+365, 90 minutes (calculated), Schedule appointment at most 3 days before or 3 days after

Vitals
VITAL SIGNS
Interval: EVERY 15 MIN
Comments: Vital signs (HR, BP, RR, temp, and pulse ox) prior to alemtuzumab then every 15 min x 2 and every 30 minutes x 3 after then routine.

Nursing Orders
ONC NURSING COMMUNICATION 33
Interval: Until discontinued
Comments: ALEMTUZUMAB:
Check vital signs and pulse oximetry before dose then q 15 min X 2 and q 30 min X 3 after alemtuzumab

Assess for signs and symptoms of anaphylaxis q 15 min X 2 and q 30 min X 3 after alemtuzumab

Notify transplant physician or advance practice provider if the following occur: respiratory compromise (dyspnea, wheezing, bronchospasm, drop in oxygen saturation), systolic blood pressure less than 90 mm Hg, heart rate less than 60 bpm or greater than 120 bpm, temperature greater than 38°C/100.4°F, local skin reaction at injection site.

Monitor injection site after alemtuzumab for signs of local skin reaction.

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ALEMTUZUMAB (CAMPATH) FOR CHRONIC LUNG ALLOGRAFT DYSFUNCTION (CLAD) - ADULT, OUTPATIENT, INFUSION CENTER  (CONTINUED)

Nursing Orders

ONC NURSING COMMUNICATION 100
- Interval: Until discontinued
- Comments: May Initiate IV Catheter Patency Adult Protocol

Pre-Medications

**methylPREDNISolone sodium succinate (SOLU-Medrol): CHOOSE ONE**

**For patients NOT receiving pulse steroids:**

- **methylPREDNISolone sodium succinate (SOLU-Medrol) injection**
  - Dose: 60 mg
  - Route: Intravenous
  - Occurrence: Once over 5 Minutes for 1 dose
  - Offset: 0 Hours
  - Instructions: Administer 30 to 60 minutes prior to alemtuzumab
  - Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

**For patients receiving pulse steroids:**

- **methylPREDNISolone sodium succinate (SOLU-Medrol) intravenous in sodium chloride 0.9% 250 mL**
  - Dose: 1,000 mg
  - Route: Intravenous
  - Occurrence: Once over 60 Minutes (266 mL/min) for 1 dose
  - Offset: 0 Hours
  - Instructions: Administer 60 minutes prior to alemtuzumab

Pre-Medications

- **diphenhydrAMINE (BENADRYL) capsule 50 mg**
  - Dose: 50 mg
  - Route: Oral
  - Occurrence: Once for 1 dose
  - Offset: 0 Hours
  - Instructions: Administer 30 to 60 minutes prior to alemtuzumab

Pre-Medications

- **acetaminophen (TYLENOL) tablet 650 mg**
  - Dose: 650 mg
  - Route: Oral
  - Occurrence: Once for 1 dose
  - Offset: 0 Hours
  - Instructions: Administer 30 to 60 minutes prior to alemtuzumab

Medications

- **alemtuzumab (CAMPATH) 30 MG/ML injection SOLN**
  - Dose: 30 mg
  - Route: Subcutaneous
  - Occurrence: Once for 1 dose
  - Offset: 60 Minutes
  - Instructions: Do not administer by IV push or IV bolus.
  - Protect from light.
**Supportive Care**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Route</th>
<th>Occurrence</th>
<th>思わ (医療記録の秘密性)要保持 除使用や開示必要時、機関法や開示書の書示の患者。</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenhydramine (BENADRYL) injection 25 mg</td>
<td>25 mg</td>
<td>Intravenous</td>
<td>Every 4 hours PRN</td>
<td>For itching and/or rash</td>
</tr>
</tbody>
</table>

**Ondansetron (ZOFRA-ODT) disintegrating tab 4 mg**

- **Dose:** 4 mg
- **Route:** Oral
- **Occurrence:** Every 6 hours PRN
- **For nausea and vomiting**

For administration of oral disintegrating tablets, peel back foil on blister pack to expose tablet; do NOT push the tablet through the foil backing. Use dry hands to remove the tablet from the blister unit and immediately place the entire tablet in the mouth. Tablets disintegrate rapidly in saliva and can be swallowed with or without liquid.

**Ondansetron (ZOFRA) IV 4 mg**

- **Dose:** 4 mg
- **Route:** Intravenous
- **Occurrence:** Every 6 hours PRN
- **For nausea and vomiting**

If patient cannot tolerate ODT, may give IV Push.

**Emergency Medications**

**ONC NURSING COMMUNICATION 20**

- **Interval:** Until discontinued
- **Comments:**

  **CHEMOTHERAPY HYPERSENSITIVITY REACTIONS:**

  Discontinue the medication infusion immediately.

  Activate emergency response for severe or rapidly progressing symptoms.

  Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

  Stay with patient until symptoms have resolved.

  Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

  For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

  Document type of chemotherapy infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

**Sodium chloride 0.9% bolus injection**

- **Dose:** 500 mL
- **Route:** Intravenous
- **Occurrence:** PRN over 30 Minutes (1000 mL/hr)

Start: S, For low blood pressure/acute reduction in SBP or DBP by 20 mmHg or more

**Instructions:**

**CHEMOTHERAPY HYPERSENSITIVITY REACTIONS:** Have 500 ml NS bag at the bedside (keep in wrapper; not spiked unless needed). Using a separate IV set up and tubing (DO NOT use the same IV tubing that was used to administer the medication that caused the reaction).
methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Dose: 125 mg  
Route: Intravenous  
Occurrence: Once PRN over 5 Minutes  
For Severe Hypersensitivity

Instructions:
CHEMOTHERAPY HYPERSENSITIVITY REACTIONS. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.
Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.