



Patient Name  
 DOB  
 MRN  
 Physician  
 FIN

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

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Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

**Provider Specialty**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

**Site of Service**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Treatment intent**

- |                                       |                                      |                                       |                                     |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative    | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control      | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative   |                                     |

Types: NON-ONCOLOGY SUPPORTIVE CARE

Synonyms: ALEMTUZUMAB, CAMPATH, ALLOGRAFT, TRANSPLANT, CLAD, BOS, LUNG

**Single Dose Alemtuzumab** Repeat 1 time Cycle length: 1 day

**Day 1** Perform every 1 day x 1

Appointment Requests

**ONCBCN 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.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

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

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## Nursing Orders

 **ONC NURSING COMMUNICATION 100**

Interval: Until discontinued

Comments: May Initiate IV Catheter Patency Adult Protocol

## Pre-Medications

 **methyIPREDNISolone sodium succinate (SOLU-Medrol): CHOOSE ONE**
 **For patients NOT receiving pulse steroids: methyIPREDNISolone 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: methyIPREDNISolone 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 alemtuzum

## 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 alemtuzum

## 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.

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

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Supportive Care

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg  
Start: S

Route: Intravenous

Occurrence: Every 4 hours PRN  
For itching and/or rash

Supportive Care

**ondansetron (ZOFTRAN-ODT) disintegrating tab 4 mg**

Dose: 4 mg  
Start: S

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 (ZOFTRAN) IV 4 mg**

Dose: 4 mg  
Start: S

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).

