PENNSTATE HERSHEY
Cancer Institute

Revised April 2011

High Dose Interleukin 2

Date written _____ To begin _____

Patients: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site _____

Protocol:
No
Source of Drug:
Routine supply

1. Consent Obtained?

- ☐ Yes
  - ☐ Preprinted Consent
  - ☐ See Dictated Note
  - ☐ Note in Chart
- ☐ No
  Plan: _____

2. **ACTIVATE COMPUTER ORDER SET: CHEMO HIGH DOSE IL-2 ADULT**

Admit: Heme/Onc Inpatient Unit
Vital Signs**:** Continuous Cardiac Monitoring (Discontinue When Therapy Complete and Blood Pressure Stable), Temperatures q4 hours, O2 Saturation continuous first 24 hours and then q4 hours and as needed.
Weight: Daily in AM
I/O: Strict
Line Care: Per Protocol
Activity: Fall Precautions
Diet: Regular
Oxygen: 2 - 4 lpm via Nasal Cannula as needed to maintain 02 sat >92%
Call Orders: Urine Output <160 mL/8 hours), Temperature>40°C, HR>120, SBP<90 mmHg, O2 Saturation<92%, RR>30

3. Medications:

Eucerin lotion to dry skin twice daily and as needed at bedside
Lanolin cream to lips twice daily and as needed at bedside

Famotidine 20 mg orally every 12 hours (pharmacy to adjust for CrCl <50 mL/min per P&T policy)

Cephalexin 250 mg orally every 6 hours

Lorazepam 1 mg orally every 6 hours as needed for anxiety
Lorazepam 1 mg IV Push every 6 hours as needed for anxiety; intolerant of oral medications

Prochlorperazine 10 mg orally every 4 hours as needed for nausea
Prochlorperazine 10 mg IV every 4 hours as needed for nausea; intolerant of oral medications

MD/Prepere's Signature _____

Attending Physician Signature_____

MR CHEMO ORDER

4. Medications:

Meperidine 25 or 50 mg IV in 50 ml D5W over 15 minutes PRN rigors q8h, (use 25 mg for mild rigors, 50 mg for severe rigors) (may repeat 25 mg dose once, then call appropriate provider; maximum of 50mg meperidine before calling provider).

Naproxen 375 mg orally every 12 hours as needed for temperature > 39°C. Do not give if serum creatinine > 2.0

Loperamide 4 mg orally after first loose stool, then 2 mg after each subsequent loose stool, maximum 16 mg/day

Diphenhydramine 25 mg orally every 6 hours as needed for pruritus/sleeplessness
Diphenhydramine 25 mg IV every 6 hours as needed for pruritus/sleeplessness; intolerant of oral medications

5. Maintenance Fluids:

1) On admission, begin IV Fluids: 5% Dextrose/ 0.9% Sodium Chloride with 20 mEq Potassium/liter @ 100 mL/hour.
2) Administer 250 mL Normal Saline Bolus every 8 hours as needed after completion of flow sheet assessment and systolic blood pressure found to be <90

Call fellow or attending for final clearance to proceed with chemotherapy

6. Chemotherapy:

Cycle #_____ Course # _____

3) Interleukin-2:

- **600,000 International Units / kg = _____ million International Units of Interleukin-2**
- **Standard IL-2 administration times: 0700, 1500, 2300.**
- **First dose 8-11pm on day of admission, next dose 7am, next morning Give IV over 15 minutes every 8 hours for a total of 14 doses.**
- **Do Not Add Missed Doses to End of Therapy.**
- **Must Be Given via Central Line**
- **Flush IV tubing with 50 mL D5W before and after IL-2 dose.**
- **Complete assessment Flow Sheet 1 hour prior to IL-2 dose. (0600,1400,2200)**
- **Call Appropriate Provider with assessment of patient if dose to be held or therapy discontinued (usually fellow or attending)**
- **Notify pharmacy at least 30 minutes prior to administration time if dose to be held or treatment discontinued.**

4) Acetaminophen 650 mg orally every 6 hours, first dose to start 15 minutes before Interleukin-2 dose. Continue until 12 hours post last dose of IL-2.

MD/Preparer's Signature _____

Attending Physician Signature_____

7. Laboratory Studies:

Labs on Admission (if not completed in clinic): CBC, Differential, CMP, LDH, magnesium, phosphorus, PT, PTT
Every other day: BMP
Every other day: CBC, CMP, Mg, PO_4
Cultures: Obtain Blood Culture (Aerobic and Anaerobic) from each lumen of the PICC line daily for temp spikes> 39ºC

8. Reminders:

1) Place Interleukin – 2 (IL-2) Reminders on Room Door
1) No IV contrast during treatment without approval of attending physician
2) No RBC transfusions during Interleukin-2 without approval of attending physician
3) No steroids without approval of attending physician
4) No diuretics without approval of attending physician
5) No IM injections

9. Discharge Instructions:

Medications:
Cephalexin 250 mg orally twice daily, write prescription for 2-week supply.
Famotidine 20 mg orally twice daily, write prescription for 2-week supply.
Line care: Appropriate to device
Labs Prior to Next Admission: CBC, Differential, CMP, LDH, magnesium, phosphorus, PT, PTT
Clinic Appointment: 7 –10 days with Admission for next cycle.

MD/Preparer's Signature _____

Attending Physician Signature_____