



Revised December 2014

High Dose Interleukin 2

Date written _____ To begin _____

Page 1 of 3

Patients: Height _____ cm Weight _____ kg BSA _____ m²
Allergies: No Yes: _____
Diagnosis _____ Metastatic Site _____

Protocol:
No
Source of Drug:
Routine supply

1. Consent Obtained?

Yes

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 O2 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

Preparer's Signature _____ Date _____

Attending's Signature Printed name Pager number Date Time AM/PM



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.

Preparer's Signature _____ Date _____

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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, PO₄

Cultures: Obtain Blood Culture (Aerobic and Anaerobic) from each lumen of the PICC line daily for temp spikes > 39°C

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.

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**HIGH DOSE INTERLEUKIN –2 (IL-2)
ASSESSMENT FLOWSHEET**

1. Nursing assessment completed 60 minutes prior to each dose of High Dose Interleukin –2 (administered on 8 hour basis)
2. Mark criteria found during assessment of patient.
3. Call physician for approval to hold or discontinue medication.
4. Relative Criteria: Clinical manifestations that may result in delay or discontinuation of IL-2. (3 or less criteria, hold dose, call physician, and resume with next scheduled dose; 4 or more relative criteria, stop the IL-2 cycle and call the physician.)
5. Absolute Criteria: Clinical manifestations that would result in the discontinuation of IL-2 (any absolute criteria, stop the IL-2 cycle and call the physician.)

Date:	Time:	Date:	Time:	Date:	Time:
NEUROLOGICAL		NEUROLOGICAL		NEUROLOGICAL	
Relative Criteria: _ Vivid dreams _ Emotional Lability Absolute Criteria: _ Mental status Changes Not Reversible in 2 hours _ Disorientation _ Hallucinations		Relative Criteria: _ Vivid dreams _ Emotional Lability Absolute Criteria: _ Mental status Changes Not Reversible in 2 hours _ Disorientation _ Hallucinations		Relative Criteria: _ Vivid dreams _ Emotional Lability Absolute Criteria: _ Mental status Changes Not Reversible in 2 hours _ Disorientation _ Hallucinations	
CARDIOVASCULAR		CARDIOVASCULAR		CARDIOVASCULAR	
Relative Criteria: _ Sinus Tachycardia 120 – 130 _ 15% Weight Gain Over Baseline Absolute Criteria: _ Sinus tachycardia >130 that persists after correcting hypotension, fever, stopping dopamine _ EKG changes of ischemia _ Atrial Fibrillation _ Supraventricular Tachycardia _ Ventricular arrhythmias (frequent PVC's, bigeminy, ventricular tachycardia) _ elevated cardiac isoenzymes need for Neo-Syneprine		Relative Criteria: _ Sinus Tachycardia 120 – 130 _ 15% Weight Gain Over Baseline Absolute Criteria: _ Sinus tachycardia >130 that persists after correcting hypotension, fever, stopping dopamine _ EKG changes of ischemia _ Atrial Fibrillation _ Supraventricular Tachycardia _ Ventricular arrhythmias (frequent PVC's, bigeminy, ventricular tachycardia) _ elevated cardiac isoenzymes need for Neo-Syneprine		Relative Criteria: _ Sinus Tachycardia 120 – 130 _ 15% Weight Gain Over Baseline Absolute Criteria: _ Sinus tachycardia >130 that persists after correcting hypotension, fever, stopping dopamine _ EKG changes of ischemia _ Atrial Fibrillation _ Supraventricular Tachycardia _ Ventricular arrhythmias (frequent PVC's, bigeminy, ventricular tachycardia) _ elevated cardiac isoenzymes need for Neo-Syneprine	
PULMONARY		PULMONARY		PULMONARY	
Relative Criteria: _ Resting shortness of breath _ 3-4 L O2 nasal cannula for saturation 95% _ Rales 1/3 up chest Absolute Criteria: _ >4 Liters O2 by nasal cannula for saturation >95% _ Rales 1/2 up chest _ 40% O2 mask for saturation >95% _ Endotracheal intubation _ Pleural effusion requiring tap or chest tube		Relative Criteria: _ Resting shortness of breath _ 3-4 L O2 nasal cannula for saturation 95% _ Rales 1/3 up chest Absolute Criteria: _ >4 Liters O2 by nasal cannula for saturation >95% _ Rales 1/2 up chest _ 40% O2 mask for saturation >95% _ Endotracheal intubation _ Pleural effusion requiring tap or chest tube		Relative Criteria: _ Resting shortness of breath _ 3-4 L O2 nasal cannula for saturation 95% _ Rales 1/3 up chest Absolute Criteria: _ >4 Liters O2 by nasal cannula for saturation >95% _ Rales 1/2 up chest _ 40% O2 mask for saturation >95% _ Endotracheal intubation _ Pleural effusion requiring tap or chest tube	
GASTROINTESTINAL		GASTROINTESTINAL		GASTROINTESTINAL	
Relative Criteria: _ Diarrhea 1000mL/shift _ Abdominal distention Absolute Criteria: _ Ileus _ Diarrhea 1000mL/shift x 2 _ Vomiting not responsive to medications _ Severe abdominal distention affecting breathing _ Severe abdominal pain, unrelenting		Relative Criteria: _ Diarrhea 1000mL/shift _ Abdominal distention Absolute Criteria: _ Ileus _ Diarrhea 1000mL/shift x 2 _ Vomiting not responsive to medications _ Severe abdominal distention affecting breathing _ Severe abdominal pain, unrelenting		Relative Criteria: _ Diarrhea 1000mL/shift _ Abdominal distention Absolute Criteria: _ Ileus _ Diarrhea 1000mL/shift x 2 _ Vomiting not responsive to medications _ Severe abdominal distention affecting breathing _ Severe abdominal pain, unrelenting	

