

Content Focus: Administration

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**Your ScoreCard: Correct: 7/22 Incorrect: 15/22**

**What administration considerations apply to methotrexate?**

Available in oral, IM, IV and a preservative-free intrathecal form.

For high-dose cancer therapy, give leucovorin, a reduced form of folic acid, as an antidote for severe bone marrow depression occurring with folic acid analogs.

Give doses at varied intervals, depending on type of cancer being treated.

Oral doses may be given with or without food.

IV form: incompatible with multiple other drugs in solution

**What administration considerations apply to cytarabine?**

Available for subcutaneous, IV, and intrathecal use.

Give the subcutaneous form every 1 to 4 weeks.

Give intrathecal form daily for 4 consecutive days or one dose every 4 days.

Decrease normal dose in renal impairment.

**What administration considerations apply to carmustine ?**

Available for topical use

Gliadel

Wafer implanted into brain tissue following brain cancer tumor removal

Available for IV administration.

IV dose calculated by client's body mass, infused every 6 weeks

Decrease dose if bone marrow suppression occurs.

**What administration considerations apply to cisplatin?**

Only available for IV use.

Base dose on client's weight.

Do not use any equipment containing aluminum when administering platinum compounds.

Wear gloves and take care when preparing solution; flush area with water if solution touches skin.

### **What administration considerations apply to doxorubicin?**

Available in IV form (Adriamycin) and in lyophilized, liposome form (Doxil) for IV infusion

Wear gloves and take care when preparing solution; flush area with water if solution touches skin.

Prepare prescribed form for client.

Prescribe dose of doxorubicin by body size and type of cancer being treated.

Slow IV rate for red streak along vein or skin flushing.

### **What administration considerations apply to vincristine?**

Available for IV administration.

Calculate dosage by client's weight and decrease if liver impairment occurs.

Avoid contact of drug with eyes—can cause corneal damage; flush both eyes immediately with large amounts of water if injury occurs.

Administer IV dose directly into tubing, and infuse IV fluid over at least 1 min.

### **What administration considerations apply to paclitaxel?**

Available for IV use in two forms:

Taxol: contains a solvent system and requires pretreatment with an antihistamine, a corticosteroid, and a histamine<sub>2</sub>-receptor blocker 30 min before infusion to prevent allergic reactions; non-PVC tubing and IV bag necessary; infuse over 3 hr using an in-line IV filter.

Abraxane: no pretreatment or special equipment required; take care in dissolving drug in vial; infuse over 30 min without an in-line filter.

Expect to infuse paclitaxel every 2 to 3 weeks.

### **What administration considerations apply to topotecan?**

Only available for IV use.

Base dose on client's weight.

Adjust dosage for renal impairment.

Usually infused over 30 min for 5 consecutive days; repeat four times, using a 16-day rest period between treatments.

Carefully monitor for infiltration and extravasation of IV solution.

Do not allow topotecan to get on skin: rinse thoroughly with water and soap if contamination occurs.

### **What administration considerations apply to flutamide?**

Available for oral use

Administer three times daily.

Begin when GnRH drug is started.

### **What administration considerations apply to trastuzumab?**

Only available for IV use.

Infuse weekly at a dosage based on client's weight; first week begins with a larger loading dose.

Do not mix dose with dextrose solutions.

### **What administration considerations apply to interferon alfa-2a, interferon alfa-2b?**

Available for subcutaneous, IM, and IV use.

Give the prescribed biologic response modifier to the client; also, verify doses, as they are usually prescribed in million units (MU), which should not be confused with mg or mL.

Route of administration and amount of dilution depends on disorder.

Inject diluent into vial and gently rotate vial until contents are clear before withdrawing dose.

### **What administration considerations apply to imatinib?**

Only available for oral use.

Give with at least 8 oz of water and a meal.

Dosage depends on disease being treated and phase of CML.

### **What administration considerations apply to maraviroc?**

Only available for oral use.

Give with or without food.

Combine with other HIV drugs.

Dosage ranges from 150 to 600 mg twice daily, depending on other drugs the client is taking, and whether they are CYP3A4 inhibitors or inducers.

### **What administration considerations apply to zidovudine?**

Available for oral or IV use.

When given to pregnant females, give oral dose five times daily from 14 weeks gestation until delivery; during delivery, administer IV infusion until neonate is delivered and cord is clamped.

For other clients, oral dose is administered two to three times daily, usually without regard to meals.

### **What administration considerations apply to delavirdine?**

Available in tablets for oral administration.

Take delavirdine three times daily with or without food.

Can be dissolved in 3 or more ounces of water to make a suspension.

Do not take with antacids.

Clients who have achlorhydria should take delavirdine with an acidic juice, such as orange or cranberry, so it can be absorbed adequately.

Another NNRTI, efavirenz (Sustiva), can be taken once daily at bedtime on an empty stomach.