Mitoxantrone (NOVANTRONE)  
Infusion Therapy Plan Orders

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Instructions to Provider
Review orders and note any changes. All orders with ☑ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Order Date: _____________  
Weight: ________kg  
Height: _______________  
BSA: _______ m²

Diagnosis:  
ICD-10 code (REQUIRED): ____________________  
ICD-10 description ____________________________________________

General Plan Communication
• Special instructions/notes: ________________________________________________________________

Provider Information
• Do not give in patients with hepatic impairment, or have either left ventricular ejection fraction < 50% or a clinically significant reduction in LVEF.
• Maximum cumulative lifetime dose = 140 mg/m².

Infusion Therapy
☑ mitoxantrone (NOVANTRONE) in 0.9% sodium chloride 100 mL IV infusion  
Dose: ☑ 12 mg/ m² x BSA (m²) = Total Dose ___________ mg  
Route: Intravenous  
Frequency: Every 3 months (quarterly)  
Infuse over: 15 minutes

If infusion-related reaction:
1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

IV pump not recommended for administration of mitoxantrone; administer via gravity.

Note any changes to above regimen: __________________________________________________________

Pre-Meds
☑ ondansetron (ZOFRAN) tablet  
Dose: 8 mg  
Route: Oral  
Frequency: Once, 30 minutes prior to mitoxantrone infusion.

☐ Other: ___________________________  
Dose: ______________  
Route: Oral  
Frequency: Once, 30 minutes prior to mitoxantrone infusion

IV Line Care
☑ 0.9% sodium chloride infusion 250 mL  
Rate: 30 mL/hr  
Route: Intravenous  
Frequency: Run continuously to keep vein open

Start peripheral IV if no central line  
Flush IV line with minimum of 30 mL primary solution before and after mitoxantrone infusion.

☑ heparin flush 100 unit/mL  
Dose: 500 units  
Route: Intracatheter  
Frequency: PRN for IV line care per Nursing Policy

Provider Signature: _______________________________  
Date: ______________

Printed Name: _______________________________  
Phone: ___________  
Fax: ___________
Infusion Reaction Meds

- **albuterol (PROVENTIL) nebulizer solution 0.083%**
  - **Dose:** 2.5 mg  
  - **Route:** Nebulization  
  - **Frequency:** PRN for shortness of breath/wheezing

- **diphenhydRAMINE (BENADRYL) injectable**
  - **Dose:** 25 mg  
  - **Route:** Intravenous  
  - **Frequency:** Once PRN, May repeat x1 for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.

- **EPINEPHrine 1 mg/mL (1:1000) injectable**
  - **Dose:** 0.3 mg  
  - **Route:** Intramuscular  
  - **Frequency:** Once PRN for anaphylaxis. Notify physician if administered.

- **hydrocortisone sodium succinate (SOLU-CORTEF) injectable**
  - **Dose:** 100 mg  
  - **Route:** Intravenous  
  - **Frequency:** Once PRN for hypersensitivity

Lab Review for Nursing
- Do not administer and call provider if labs are within these parameters:
  - WBC < 4.0, platelets < 100,000 K/uL, AST/ALT > 2.5 times upper limit of normal

Nursing Orders
When administering a vesicant IVPB:
- Remain with the patient and verify blood return every 5 to 10 minutes
- Observe and assess site for pain, swelling, and redness during infusion
- Instruct patient to alert the nurse if any pain, burning, swelling, or redness during infusion
- Discontinue IV line when therapy complete and patient stabilized.

References
Mitoxantrone Injection, USP Prescribing Information. Hospira, Inc.

Kaiser Permanente Infusion Locations

**Bellevue Medical Center**
11511 NE 10th St, Bellevue, WA 98004
Fax: 425-502-3512  Phone: 425-502-3510

**Capitol Hill Medical Center**
201 16th Ave E, Seattle WA 98112
Fax: 206-326-2104  Phone: 206-326-3109

**Everett Medical Center**
2930 Maple St, Everett, WA 98201
Fax: 425-261-1659  Phone: 425-261-1681

**Olympia Medical Center**
700 Lily Road N.E., Olympia, WA 98506
Fax: 360-923-7106  Phone: 360-923-7164

**Riverfront Medical Center – Spokane**
W 322 North River Drive, Spokane, WA 99201
Fax: 509-324-7168  Phone: 509-241-2073

**Silverdale Medical Center**
10452 Silverdale Way NW, Silverdale, WA 98383
Fax: 360-307-7493  Phone: 360-307-7444

**Tacoma Medical Center**
209 Martin Luther King Jr Way, Tacoma, WA 98405
Fax: 253-383-6252  Phone: 253-596-3666