

Oncology Nursing Society
Chemotherapy and Immunotherapy Guidelines
and Recommendations for Practice

Errata

The following changes have been made in the e-book and will be made in the third and subsequent printings of the text:

page 61, Figure 6-1, the G₁ phase should be labeled as “Postmitotic” and G₂ labeled as “Premitotic.”

page 174, Table 10-1, for the drug Blinatumomab (anti-CD19/CD3 antibody; Blincyto®), add the following under “Nursing Considerations”:

Do not flush the blinatumomab infusion line or IV catheter, especially changing infusion bags. Flushing when changing bags or at completion of the infusion can result in excess dosage and complications thereof. Blinatumomab should be infused through a dedicated lumen of a vascular access catheter.

Cytokine release syndrome can occur and may be life-threatening or fatal. Interrupt or discontinue blinatumomab and treat with corticosteroids as recommended by provider.

page 211, second column, second line, sentence changed to read, “When administering vesicants via a peripheral IV site, limit the infusion time to ≤ 30 minutes and remain with the patient during the entire infusion.” *(corrected in the second and subsequent printings)*

page 257, Table 13-3, column 1, change the classification for vinblastine and vincristine to “Vinca alkaloids.” For the classification “Taxanes,” add “Microtubule inhibitors” as the classification preceding “taxanes.”

page 304, Table 15-4, a typographical error occurred regarding the classification of the following drugs. They should be listed under the classification “5-HT₃ antagonist” *(corrected in the second and subsequent printings)*:

- Granisetron
- Granisetron transdermal
- Ondansetron
- Palonsetron

page 403, right column, the reference Goebeler & Bargou reference should have a publication year of 2016.

page 632 under “blinatumomab,” add the following index entries:

- cytokine release syndrome, 262, 426
- neurotoxicity, 174, 554