Errata

The following changes were made in the second (May 2014) and subsequent printings:

page 32, Table 7, the drug “azacitidine,” last column, third sentence changed to read “To minimize skin irritation, ensure that the needle is empty of drug, and do not expel air in needle before giving the injection.”

page 156, item 7, parenthetical reference corrected to read “(see Table 13 and Appendix 2)”.

The following changes were made in the third (May 2015) and subsequent printings:

page 91, Table 10, the drug “ziv-aflibercept,” last column, fifth statement corrected to read “Dilute in NS or D5W to a concentration of 0.6–8 mg/ml.”

page 278, item (7) (c), dose corrected to read “doses > 1.5 g/m².”

The following changes were made in the fourth (July 2016) and subsequent printings:

page 35, Table 7, the drug “methotrexate,” last column, the following Nursing Considerations should be added:

• High-dose methotrexate doses are adjusted for renal dysfunction.
• High doses of methotrexate must be followed by timely administration of leucovorin and alkaline hydration.
• Monitor serum methotrexate levels until ≤ 0.1 µmol/L. Monitor urine pH and maintain ≥ 7 before and until serum methotrexate levels ≤ 0.1 µmol/L.
• Consider monitoring serum CO₂ level during IV alkalization for prevention of metabolic or respiratory alkalosis.
• Depending on methotrexate clearance, some patients may require additional leucovorin rescue and serum methotrexate monitoring.


pages 128–129, "c) Piggyback or short-term infusion,” “d) continuous infusions," and “e) IV push” from pages 128 and 129 should appear as subitems under “10. Central venous catheters.” “11. Special consideration for vesicant administration” and subitems a) and b) should be moved to page 129, at the end of section A.

The following change was made in e-book versions obtained after 11/30/16 and will be reflected in the fifth printing:

pages 157–158, “9. Vesciant extravasation management” has been revised to read as follows:

9. Vesciant extravasation management: A suspected vesciant extravasation is best assessed and managed using a systematic and collaborative approach that involves the patient, the nurse administering the vesciant, and the oncologist treating the
patient. Create institutional policies and procedures appropriate to the practice setting, which include measures the nurse will take independently and when to notify the physician or advanced practice provider.

a) Initial management of extravasation: Assess the site and patient symptoms at the first sign of extravasation, throughout, and after initial management

b) Steps to take when a vesicant extravasation occurs or is suspected (Goolsby & Lombardo, 2006; Schulmeister, 2011)

1. Immediately STOP administering the vesicant and IV fluids.
2. Disconnect the IV tubing from the IV device. Do not remove the IV device or noncoring port needle.
3. Attempt to aspirate residual vesicant from the IV device or port needle using a small (1–3 ml) syringe.
4. Remove the peripheral IV device or port needle.
5. Initiate appropriate management measures in accordance with Table 14 and institutional policies.