

## PROTOCOL CODE: SCICANS

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|  |                       |                                     |
|--|-----------------------|-------------------------------------|
| <b>DOCTOR'S ORDERS</b>   |                       | Weight: _____                       |
| <b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>  |                       |                                     |
| DATE: _____  | Treatment Date: _____ |                                     |
| <p>Clinical symptoms indicative of immune effector cell-associated neurotoxicity syndrome (ICANS) are headache, confusion, disorientation, speech disturbances, altered levels of consciousness, seizures and motor weakness. Symptoms may also include, but are not limited to: lethargy, aphasia, difficulty concentrating, agitation, tremor, and rarely cerebral edema.</p> <p><b>Patients must be closely monitored for early signs and symptoms indicative of ICANS.</b></p> <p><b>Page the admitting or covering physician at the first signs of ICANS.</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Agent administered: _____</p> <p>Admitting Physician: Dr. _____</p> <p>Daytime Covering Physician: Dr. _____</p> <p>Overnight Covering Physician: Dr. _____</p> </div> <div style="width: 48%;"> <p>Time of administration: _____</p> <p>Contact Number: _____</p> <p>Contact Number: _____</p> <p>Contact Number: _____</p> </div> </div>  |                       |                                     |
| <p><b>ICANS Management</b></p> <p><b>All Grades:</b></p> <ul style="list-style-type: none"> <li>Immediately stop administration of treatment medication</li> <li>Page the admitting physician or covering physician if not already done</li> <li>Admit the patient for further monitoring if not already admitted</li> <li>Perform bedside fundoscopic evaluation</li> <li>Consider Neurology consultation</li> <li>Monitor for seizure activity</li> <li>Monitor ability to safely swallow - convert medications to IV if impaired</li> <li>Avoid medications that cause CNS depression</li> <li>Elevate head of bed 30 degrees</li> <li>Point of care glucometer testing every 6 hours</li> <li>Neurovitals and ICANS assessment, including vital signs, Glasgow coma scale, pupil size for left and right eye and ICE score, Q8H or more frequently if necessary, using Tables 1 and 2 in protocol.</li> <li>Monitor vitals Q4H for development of concurrent CRS.</li> <li>If concurrent CRS, consider tocilizumab. See <u>SCCRS</u> protocol.</li> </ul> <p>Draw the following labs:</p> <p><input checked="" type="checkbox"/> CBC &amp; Diff, sodium, potassium, chloride, bicarbonate, calcium, magnesium, phosphorus, uric acid, albumin, creatinine, ALT, alkaline phosphatase, LDH, total bilirubin, lactate, CRP, ferritin, INR, PTT, fibrinogen Other labs: _____</p> <p><input type="checkbox"/> Repeat above labs Q4H and prior to discharge (if any abnormalities)</p> <p><input type="checkbox"/> Chest x-ray</p> <p><input type="checkbox"/> Urinalysis with culture</p> <p><input type="checkbox"/> Blood cultures</p> <p><input type="checkbox"/> CT head</p> <p><input type="checkbox"/> MRI head</p> <p><input type="checkbox"/> <b>LORazepam 1 mg IV Q5mins PRN</b> for seizures, to a maximum of 4mg</p> <p><input type="checkbox"/> NPO, meds with sips</p> |                       |                                     |
| <b>DOCTOR'S SIGNATURE:</b>   |                       | <b>SIGNATURE:</b><br><br><b>UC:</b> |

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**DATE:**

**ICANS Management, continued:**

**Grade 1:**

If required:

☐ **dexamethasone 10 mg IV** ☐ Repeat Q6H

**Grade 2:**

☐ **dexamethasone 10 mg IV** every 6 hours  
until ICANS Grade 1 or less, then taper over 3 to 7 days (order for taper to be written separately)

If required, seizure prophylaxis:

☐ **levETIRAcetam 1500 mg PO** load, then **levETIRAcetam 750 mg PO BID\***

\*Refer to Protocol for suggested ongoing management of levETIRAcetam.

**Grade 3 and Grade 4:**

Admit the patient urgently to highest level of care. Contact ICU to discuss admission.

Steroid (select one):

☐ **dexamethasone 10 mg IV Q6H**

☐ **dexamethasone 20 mg IV Q6H**

☐ **methylPREDNISolone 1 g IV daily**

until ICANS is Grade 1 or less, then taper over 3 to 7 days (order for taper to be written separately)

**levETIRAcetam 1500 mg PO**, then **750 mg PO BID\***

\*Refer to Protocol for suggested ongoing management of levETIRAcetam.

If required:

☐ **anakinra 100 mg IV** in NS 50 mL over 10 mins Q12H

Or dose modification (for dose escalation or dose reduction if required i.e., for renal impairment):

☐ **anakinra** \_\_\_\_\_ **mg IV Q** \_\_\_\_\_ **H**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**