

# ROP bevacizumab (Avastin) Injection:

Confirm with the medical team the time Ophthalmology wants to do the Avastin Injections.

Notify pharmacy to have Oral Lorazepam and Avastin available on unit 60 minutes prior to start of procedure.

Notify fellow (NNP and resident team – to decide who will be available), RT, NRN, and NA regarding time of procedure.

IV access is NOT required for this procedure.

**60 minutes prior to start of procedure:**

Verify with pharmacy that Avastin is available.

**30 minutes prior to start of procedure:**

Prior to administering medications, verify that Avastin is on the unit (we don't want to sedate patient unnecessarily, if medication isn't ready to administer).

Administer **Acetaminophen**: 15 mg/kg PO x 1 dose

Administer **Lorazepam**: 0.1 mg/kg/dose po x 1 dose – **Have fellow at bedside for administration** (if injections with be done in bay 4 or L6 have NRN present) – in case of apnea \*\*

Notify Ophthalmology to alert them that lorazepam dose was given so they can come to patient bedside in about 30 minutes to give injection (*this will allow time for onset of action*)

**10 minutes prior to start of procedure:**

Administer 1 drop of Tetracaine/Proparacaine to each eye, as ordered

Have **NA** grab ROP eye speculum

**5 minutes prior to start of procedure, with Ophthalmology present:**

Repeat administration of 1 drop of Tetracaine/Proparacaine to each eye, as ordered (will likely be administered by Ophthalmology)

**2 minutes prior to start of procedure, with Ophthalmology present:**

Ophthalmology will administer of 1 drop of Tetracaine/Proparacaine to each eye as needed

**For Avastin Eye Injection procedure**

**NA present at bedside to provide procedural support same as an ROP exam**

Fellow will be at bedside (and NRN if outside of NIC1)

RT will be at bedside if patient is showing any signs of apnea

Bedside RN to closely monitor patient vital signs, sedation & physiologic status of patient during bedside procedural sedation.

1. The patient is to be monitored for oxygen saturation, respiratory rate, and ECG continuously throughout the procedure. Direct observation of the patient for respiratory rate and airway patency is required throughout the procedure.

2. The Sedation Score, oxygen saturation, RR, and ECG are to be documented at baseline, procedural onset, and completion. Any change in ECG or Sedation Score from baseline is also to be documented.
3. Physiologic data including respiratory rate, heart rate, blood pressure and oxygen saturation are to be documented at 5-minute intervals during Avastin injection procedure. In addition, any/all significant variations in patient status as well as the interventions taken are to be documented. Continuous monitoring/recording devices may be used to assist in recording the above.

#### **Post procedure**

Once the procedure is completed, the vital signs and level of consciousness are monitored and documented every 15 minutes for 75 minutes post procedure.