A. Primary tubing utilization process - contingent upon tubing primed with diluent
   a. Taxotere tubing set- product number 22602-B007T:
      i. Under the “Basic Infusion” programming feature, input 999mL/hr x 15mL to hyper-prime the drug through the tubing to the patient.
   b. Taxol tubing- Product number 24301-0007T:
      i. Mirror above process, with the exception of hyper-priming at 999mL/hr x 18 mL.
   c. Set Alaris pump to right drug, right rate, right dose, right timing and volume to be infused (VTBI); start infusion and then immediately change VTBI to be 20 mL less than what is listed as “volume with overfill on the drug label”. This ensures that the drug will run over the prescribed infusion time with flush included.
   d. When the drug bag is empty, programming a 20 mL flush is sufficient per institution standards
   e. Above process to be completed with every commercial drug that is primed with diluent except Erbitux (primed with drug).
   f. Ensure flushing is completed with compatible solution.
B. Research drugs
   a. Tubing products vary based on supplier (IDS vs PCAM pharmacy): Follow protocol guidelines.
   b. If tubing is primed with diluent, then hyper-prime drug at 999mL/hr x 15mL
      i. Program pump administration rate based upon total volume to be infused as indicated on the pharmacy label
      ii. Make sure to undercut “volume to be infused” by 30 mL on the infusion pump to ensure drug does not run dry in the tubing and catch air in the line
   c. If tubing is primed with drug, program the investigational agent directly and push start.
      i. Do NOT hyper-prime in this case.
      ii. Follow steps d, e, f as outlined in section A, unless study protocol specifies a flush volume.
C. Miscellaneous flushing procedures
   a. For drugs that have a 30 mL order placed (yervoy, opdivo, etc), flushing the line with 20 mLs of NSS is sufficient per our institutional standards of care. Please ensure to administer and program the flush as stated above according to tubing type and length.