count at least every week; **platelet count <25,000 cells/mm^3:** hold treatment, monitor platelet count at least every week, when platelet count ≥25,000 cells/mm^3, resume treatment at 100 mg bid

• **Symptomatic pneumonitis (any severity):** Discontinue treatment

• **Other severe or life-threatening toxicities:** Hold until toxicity is resolved; if resuming treatment, reduce the dose to 100 mg bid; permanently discontinue treatment for any recurrence of severe or life-threatening toxicity after rechallenge

SIDE EFFECTS

CNS: Insomnia, fatigue, fever, headache
RESP: Pneumonitis, dyspnea, cough
ENDO: Hypoglycemia, hyperglycemia, hyponatremia
INTEG: Rash
EENT: Sinusitis
GI: Nausea, vomiting, hepatic failure, GI perforation, stomatitis, colitis, diarrhea, anorexia, abdominal pain
HEMA: Thrombocytopenia, neutropenia, anemia
SYST: Serious/fatal rashes

PHARMACOKINETICS

84% protein binding, half-life 8.2 hr, peak 1.5 hr

INTERACTIONS

Avoid use with CYP3A4 inhibitors, inducers, substrates

Drug/Lab Test
Increase: LFTs

NURSING CONSIDERATIONS

Assess:

Black Box Warning: Hepatic failure: increased LFTs generally occurred within the first 12 wk of treatment and were reversible with dose interruption. Monitor LFTs q2wk × 3 mo of treatment, then q4wk for 3 mo, and q1-3 mo thereafter; monitor weekly if AST or ALT are >3 times the upper limit of normal (ULN) or bilirubin >1.5 × ULN. Hepatotoxicity may require treatment interruption, dose reduction, or discontinuation of therapy

Black Box Warning: Severe diarrhea/GI perforation: generally responds poorly to antimotility agents. The occurrence of ≥7 stools/day over baseline or hospitalization due to diarrhea may result in interruption of therapy, dose reduction, or permanent discontinuation. Assess for new or worsening abdominal pain, chills, fever, or nausea/vomiting. If intestinal perforation occurs, permanently discontinue treatment

Black Box Warning: Infections/pneumonitis: monitor for cough, dyspnea, hypoxia, and bilateral interstitial infiltrates, or a decline in oxygen saturation by >5%. If pneumonitis is suspected, hold therapy. Permanently discontinue treatment for pneumonitis and consider treatment with corticosteroids

• **Pregnancy/breastfeeding:** do not use in pregnancy/breastfeeding

Evaluate:

• Therapeutic response: Decreased disease progression

Teach patient/family:

• **Pregnancy/breastfeeding:** to report planned or suspected pregnancy; to use effective contraception during treatment and for at least 1 mo after the last dose; to avoid breastfeeding

• To report new or worsening side effects

• To take tabs whole, not to crush or chew; to take with food for GI upset

⚠ HIGH ALERT

ifosfamide (Rx)

(i-foss´fa-mide)

Ifex

Func. class.: Antineoplastic alkylating agent

Chem. class.: Nitrogen mustard

Do not confuse:
ifosfamide/cyclophosphamide

ACTION: Alkylates DNA, inhibits enzymes that allow synthesis of amino