

IP CISPLATIN / DOXORUBICIN

Types: ONCOLOGY TREATMENT

Synonyms: PLAT, CISPLATIN, PLATINOL, DOXORUBICIN, ADRIAMYCIN, CIS, DOXO, ADRIA, GYNECOLOGIC

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1		Perform every 1 day x1
Provider Communication		
ONC PROVIDER COMMUNICATION		
Interval: Until discontinued	Occurrences: --	
Comments:	Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).	
If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.		
Labs		
<input checked="" type="checkbox"/>	COMPREHENSIVE METABOLIC PANEL	
Interval: Once	Occurrences: --	
<input checked="" type="checkbox"/>	CBC WITH PLATELET AND DIFFERENTIAL	
Interval: Once	Occurrences: --	
<input checked="" type="checkbox"/>	MAGNESIUM LEVEL	
Interval: Once	Occurrences: --	
<input type="checkbox"/>	CANCER ANTIGEN 125	
Interval: Once	Occurrences: --	
<input type="checkbox"/>	LDH	
Interval: Once	Occurrences: --	
<input type="checkbox"/>	URIC ACID LEVEL	
Interval: Once	Occurrences: --	
Nursing Orders		
TREATMENT CONDITIONS 13		
Interval: Until discontinued	Occurrences: --	
Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Serum Creatinine GREATER than 1.5, Total Bilirubin GREATER than 1.5	
Line Flush		
sodium chloride 0.9 % flush 20 mL		
Dose: 20 mL	Route: intravenous	PRN
Start: S		
Nursing Orders		
sodium chloride 0.9 % infusion 250 mL		
Dose: 250 mL	Route: intravenous	once @ 30 mL/hr for 1 dose
Start: S		

Instructions:
To keep vein open.

Pre-Hydration

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL Route: intravenous once @ 250 mL/hr for 1 dose

Instructions:
Hydration should be administered prior to chemotherapy.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 10:00 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB

Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Pre-Medications

LORazepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once for 1 dose
Start: S

Chemotherapy

DOXOrubicin (ADRIAmycin) 60 mg/m2 in sodium chloride 0.9% 50 mL chemo IVPB

Dose: 60 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 4.5 Hours

Instructions:

Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

Chemotherapy

CISplatin (PLATINOL) 50 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 50 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 5 Hours

Instructions:

Start CISplatin after completion of pre-hydration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	50 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Post-Hydration

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL Route: intravenous once @ 250 mL/hr for 1 dose
Offset: 3 Hours

Instructions:

Following chemotherapy.

Discharge Nursing Orders

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Post-Medications

TBO-FILGRASTIM INJECTION ORDERABLE solution

Dose: -- Route: subcutaneous
Start: S

Rule-Based Template: RULE ONCBCN
NEUPOGEN WEIGHT BASED

Conditions:

Weight > 72 kg

Weight <= 72 kg

Modifications:

Set dose to 480 mcg

Set dose to 300 mcg