

## IP CISPLATIN / ETOPOSIDE (EVERY 21 DAYS)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* SIS, CIS, CISPLATIN, VP16, VP-16, ETOP, ETOPOSIDE, VEPESID, PLAT, PLATINOL, LUNG

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 21 days	
<b>Day 1</b>	Perform every 1 day x1		
<b>Labs</b>			
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>			
Interval: Once		Occurrences: --	
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>			
Interval: Once		Occurrences: --	
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>			
Interval: Once		Occurrences: --	
<input type="checkbox"/> <b>LDH</b>			
Interval: Once		Occurrences: --	
<input type="checkbox"/> <b>URIC ACID LEVEL</b>			
Interval: Once		Occurrences: --	
<b>Nursing Orders</b>			
<b>TREATMENT CONDITIONS 7</b>			
Interval: Once		Occurrences: --	
Comments:		HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.	
<b>Line Flush</b>			
<b>sodium chloride 0.9 % flush 20 mL</b>			
Dose: 20 mL		Route: intravenous	PRN
Start: S			
<b>Nursing Orders</b>			
<b>sodium chloride 0.9 % infusion 250 mL</b>			
Dose: 250 mL		Route: intravenous	once @ 30 mL/hr for 1 dose
Start: S			
Instructions:			
To keep vein open.			
<b>Pre-Hydration</b>			
<b>sodium chloride 0.9 % infusion 1,000 mL</b>			
Dose: 1,000 mL		Route: intravenous	once @ 250 mL/hr for 1 dose
Instructions:			
Hydration should be administered prior to chemotherapy.			
<b>Pre-Medications</b>			
<input checked="" type="checkbox"/> <b>ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB</b>			
Dose: --		Route: intravenous	once over 15 Minutes for 1 dose
Start: S		End: S 10:00 AM	
<b>Ingredients:</b>		<b>Name</b>	<b>Type</b>
		ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications
			<b>Dose</b>
			16 mg
			<b>Selected</b>
			Yes
			<b>Adds Vol.</b>
			No

DEXAMETHASONE Medications	12 mg	Yes	No
4 MG/ML INJECTION SOLUTION			
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

Chemotherapy

**CISplatin (PLATINOL) 75 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 75 mg/m2      Route: intravenous      once over 2 Hours for 1 dose  
 Offset: 4.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

**etoposide (TOPOSAR) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
 Offset: 5.5 Hours

Instructions:  
 Administer through a 0.22 micron filter and non-PVC tubing set

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ETOPOSIDE 20 MG/ML INTRAVENOUS SOLUTION	Medications	100 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV	QS Base	500 mL	Yes	Yes

SOLP  
(EXCEL;NON-PVC)

Post-Hydration

○ **sodium chloride 0.9 % infusion 1,000 mL**

Dose: 1,000 mL      Route: intravenous      once @ 500 mL/hr for 1 dose  
Offset: 4 Hours

Instructions:  
Following chemotherapy.

Provider Communication

**ONC PROVIDER COMMUNICATION 10**

Interval: Once      Occurrences: --  
Comments:      Please order Growth Factor to begin on Day 4, if indicated.

If patient will be discharged, consider using Neulasta Therapy Plan for Outpatient use.

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: Until discontinued      Occurrences: --  
Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: Until discontinued      Occurrences: --  
Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes. advance level of care to Grade 3



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

**Days 2,3**

Perform every 1 day x2

**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-Medications**

**ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
 Start: S

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	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**ondansetron (ZOFRAN) injection 8 mg**

Dose: 8 mg      Route: intravenous      every 8 hours PRN  
 Start: S

**ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg      Route: oral      once for 1 dose  
 Start: S      End: S 11:30 AM

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg      Route: oral      once for 1 dose  
 Start: S

**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	Base	130 mL	No	Yes

(EXCEL;NON-PVC)

Pre-Medications

**dexamethasone (DECADRON) tablet 8 mg**

Dose: 8 mg  
Start: S

Route: oral

once for 1 dose

Chemotherapy

**etoposide (TOPOSAR) 100 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 100 mg/m2

Route: intravenous

once over 2 Hours for 1 dose  
Offset: 30 Minutes

Instructions:

Administer through a 0.22 micron filter and non-PVC tubing set.

**Ingredients:**

**Name**

ETOPOSIDE 20  
MG/ML

**Type**

Medications

**Dose**

100  
mg/m2

**Selected**

Main  
Ingredient

**Adds Vol.**

Yes

INTRAVENOUS  
SOLUTION

QS Base

500 mL

Yes

Yes

SODIUM  
CHLORIDE 0.9 % IV  
SOLP

(EXCEL;NON-PVC)