

# IP CISPLATIN / ETOPOSIDE W/ CONCURRENT THORACIC RT (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: CIS, SIS, CISPLATIN, PLATINOL, ETOP , ETOPOSIDE, VP16, VP-16, LUNG, SCLC, SMALL CELL, LUNG CANCER

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>		Perform every 1 day x1
<b>Nursing Orders</b>		
<b>ONC NURSING COMMUNICATION 37</b>		
Interval: Once Occurrences: --		
Comments: Verify with the patient that a radiation appointment has been scheduled.		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: Once Occurrences: --		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</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: --		
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: Once Occurrences: --		
<b>Nursing Orders</b>		
<b>TREATMENT CONDITIONS 9</b>		
Interval: Once Occurrences: --		
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; CrCl LESS than 60		
<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.		

Hydration

**sodium chloride 0.9 % infusion**

Dose: 100 mL/hr      Route: intravenous      continuous  
 Start: S

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

Chemotherapy

**CISplatin (PLATINOL) 60 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

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

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION	Medications	60 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W)	QS Base		No	Yes

INTRAVENOUS  
SOLUTION

Chemotherapy

**etoposide (TOPOSAR) 120 mg/m2 in sodium chloride (NON-PVC) 0.9 % 500 mL chemo IVPB**

Dose: 120 mg/m2      Route: intravenous      once over 2 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	Medications	120 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	500 mL	Yes	Yes

Post-Hydration

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

Dose: 1,000 mL      Route: intravenous      once @ 500 mL/hr for 1 dose  
Offset: 6.5 Hours

Instructions:

Following chemotherapy.

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 O<sub>2</sub> 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 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### ONC NURSING COMMUNICATION 4

Interval: Until discontinued

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

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. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### **diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

#### **fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg                      Route: oral                      PRN  
Start: S

#### **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

#### **hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg                      Route: intravenous                      PRN

#### **dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

#### **epinephrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**

Dose: 0.3 mg                      Route: subcutaneous                      PRN  
Start: S

**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.

## 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.

**Days 2,3**

Perform every 1 day x2

## 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-Medications

 **ondansetron (ZOFTRAN) 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

## Chemotherapy

**etoposide (TOPOSAR) 120 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB**

Dose: 120 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

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	120 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base		Yes	Yes

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.