

IP CISPLATIN / GEMCITABINE (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: SIS, CISPLATIN, GEMCITABINE, GEMZAR, PLATINOL, JEM, BLA, GYNECOLOGIC , MALIGNANCY

Cycle 1	Repeat 1 time	Cycle length: 21 days
Day 1	Perform every 1 day x1	
Labs		
☒ COMPREHENSIVE METABOLIC PANEL	Interval: Once	Occurrences: --
☒ CBC WITH PLATELET AND DIFFERENTIAL	Interval: Once	Occurrences: --
☒ MAGNESIUM LEVEL	Interval: Once	Occurrences: --
☐ CANCER ANTIGEN 125	Interval: Once	Occurrences: --
☐ LDH	Interval: Once	Occurrences: --
☐ 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
Start: S

Route: intravenous
End: S

once over 30 Minutes for 1 dose

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

gemcitabine (GEMZAR) 1,000 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 1,000 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose
Offset: 4.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	GEMCITABINE 200 MG/5.26 ML (38 MG/ML) INTRAVENOUS SOLUTION	Medications	1,000 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

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
SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Medications

50 mg/m2

Main
Ingredient

Yes

QS Base

250 mL

Yes

Yes

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

Day 8

Perform every 1 day x1

Labs

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: Once

Occurrences: --

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once

Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: Once

Occurrences: --

☐ **CANCER ANTIGEN 125**

Interval: Once

Occurrences: --

☐ **LDH**

Interval: Once Occurrences: --

☐ **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

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, 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

gemcitabine (GEMZAR) 1,000 mg/m2 in sodium

chloride 0.9 % 250 mL chemo IVPB

Dose: 1,000 mg/m2

Route: intravenous

once over 30 Minutes for 1 dose

Offset: 30 Minutes

Ingredients:**Name****Type****Dose****Selected****Adds Vol.**GEMCITABINE 200
MG/5.26 ML (38
MG/ML)

Medications

1,000
mg/m2Main
Ingredient

Yes

INTRAVENOUS
SOLUTIONSODIUM
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.