

## IP CISPLATIN / PEMETREXED W/ CONCURRENT THORACIC RT

Types: ONCOLOGY TREATMENT

Synonyms: CIS, SIS, PLAT, PLATINOL, PEMETREXED, PEM, PAM, ALIMTA, ALI, LUNG, NON, NSCLC

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>	Perform every 1 day x1	
	Nursing Orders	
	<b>ONC NURSING COMMUNICATION 37</b>	
	Interval: Once	Occurrences: --
	Comments:	Verify with the patient that a radiation appointment has been scheduled.
	Supportive Care	
	<b>cyanocobalamin injection 1,000 mcg</b>	
	Dose: 1,000 mcg	Route: intramuscular once for 1 dose
	Start: S	End: S 2:30 PM
	Instructions:	
	Begin week 1 of Pemetrexed dose, then every 9 weeks thereafter.	
	Supportive Care	
	<b>folic acid (FOLVITE) tablet 1 mg</b>	
	Dose: 1 mg	Route: oral daily
	Start: S	
	Labs	
	<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: --
	Nursing Orders	
	<b>TREATMENT CONDITIONS 9</b>	
	Interval: Once	Occurrences: --
	Comments:	HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Serum Creatinine GREATER than 1
	Line Flush	
	<b>sodium chloride 0.9 % flush 20 mL</b>	
	Dose: 20 mL	Route: intravenous PRN
	Start: S	
	Nursing Orders	
	<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.	
	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

Yes

Ingredient

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

**PEMEtrexed (ALIMTA) 500 mg/m2 in sodium  
chloride 0.9 % 100 mL chemo IVPB**

Dose: 500 mg/m2

Route: intravenous

once over 10 Minutes for 1 dose

Offset: 4 Hours

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**PEMETREXED 500  
MG INTRAVENOUS  
SOLUTION

Medications

500

Main

Yes

Ingredient

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

QS Base

100 mL

Yes

Yes

**CISplatin (PLATINOL) 75 mg/m2 in sodium**

**chloride 0.9 % 500 mL chemo IVPB**Dose: 75 mg/m<sup>2</sup>

Route: intravenous

once over 2 Hours for 1 dose

Offset: 4 Hours

**Ingredients:****Name****Type****Dose****Selected****Adds Vol.**CISPLATIN 1  
MG/ML

Medications

75 mg/m<sup>2</sup>

Main

Yes

INTRAVENOUS  
SOLUTIONSODIUM  
CHLORIDE 0.9 %

QS Base

500 mL

Yes

Yes

INTRAVENOUS  
SOLUTIONDEXTROSE 5 % IN  
WATER (D5W)

QS Base

No

Yes

INTRAVENOUS  
SOLUTION**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.

**Hematology & Oncology Hypersensitivity Reaction Standing Order****ONC NURSING COMMUNICATION 82**

Interval: Until

Occurrences: --

discontinued

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

Occurrences: --

discontinued

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  
 Comments:

Occurrences: --

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 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 O2 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

#### 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

Pre-Medications

☒ **dexamethasone (DECADRON) tablet 8 mg**

Dose: 8 mg                      Route: oral                      once for 1 dose

Start: S