# IP CISPLATIN / PEMETREXED

Types: ONCOLOGY TREATMENT

Synonyms: CIS, CISPLATIN, PLATINOL, PLAT, PEMETREXED, PEM, PAM, ALIMTA, ALTIMA

Ovele 1		Depost 1	tima a	Cuala lamatha 01 days	
Cycle 1 Day 1		Repeat 1 time		Cycle length: 21 days	Perform every 1 day x1
Supportive Care					
		cyanocobalamin inject Dose: 1,000 mcg Start: S Instructions:	tion 1,000 mcg Route: intramuscular End: S 2:30 PM etrexed dose, then every	once for 1 dose	
5	Supportive Care				
		folic acid (FOLVITE) ta Dose: 1 mg Start: S	ablet 1 mg Route: oral	daily	
L	abs				
		☑ COMPREHENSIVE ME	TABOLIC PANEL		
		Interval: Once	Occurrences:		
		□ CBC WITH PLATELET	AND DIFFERENTIAL		
		Interval: Once	Occurrences:		
		✓ MAGNESIUM LEVEL			
		Interval: Once	Occurrences:		
		□ LDH	Codditionicos.		
		Interval: Once	Occurrences:		
		☐ URIC ACID LEVEL	Occurrences		
		Interval: Once	Occurrences:		
		_ URINALYSIS, AUTOMA			
		☐ MICROSCOPY			
		Interval: Once	Occurrences:		
N	Nursir	g Orders TREATMENT CONDITI	ONS 0		
	Interval: Once Occurrences: Comments: HOLD and notify provider if ANC LESS than 100,000; Serum Creatinine GREATER than				0; Platelets LESS than
Line Flush					
		sodium chloride 0.9 % Dose: 20 mL Start: S	flush 20 mL Route: intravenous	PRN	
Nursing Orders					
		sodium chloride 0.9 % Dose: 250 mL Start: S Instructions: To keep vein open.	infusion 250 mL Route: intravenous	once @ 30 mL/hr for 1 d	dose
Pre-Hydration Pre-Hydration					
		sodium chloride 0.9 % Dose: 1,000 mL	infusion 1,000 mL Route: intravenous	once @ 250 mL/hr for 1	dose
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Instructions:

Hydration should be administered prior to chemotherapy.

## **Pre-Medications**

## ondansetron (ZOFRAN) 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 Selected Adds Vol. **Dose** ONDANSETRON Medications 16 mg Yes No

HCL (PF) 4 MG/2 ML INJECTION SOLUTION

DEXAMETHASONE Medications 12 mg Yes No

4 MG/ML INJECTION SOLUTION

SODIUM Base 50 mL Always Yes

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

DEXTROSE 5 % IN Base No Yes

WATER (D5W) **INTRAVENOUS** SOLUTION

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: Type Dose Selected Adds Vol. Name **APREPITANT 7.2** Main Yes

Medications 130 mg Ingredient MG/ML

**INTRAVENOUS EMULSION** 

DEXTROSE 5 % IN Base 130 mL Yes Yes

WATER (D5W) IV SOLP (EXCEL; NON-PVC)

SODIUM Base 130 mL No Yes

CHLORIDE 0.9 % IV SOLP

(EXCEL;NON-PVC)

Chemotherapy

Ingredients:

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

Type Dose Name

Selected Adds Vol. PEMETREXED 500 Medications 500 Main Yes MG INTRAVENOUS Ingredient mg/m2

SOLUTION

SODIUM **QS** Base 100 mL Yes Yes

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

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 Hours Ingredients:

Selected Adds Vol. Name Type Dose CISPLATIN 1 Medications 75 mg/m2 Main

Yes

Ingredient

MG/ML **INTRAVENOUS** 

SOLUTION

QS Base 500 mL Yes Yes SODIUM

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) **INTRAVENOUS** SOLUTION

## Post-Hydration

## O sodium chloride 0.9 % infusion 1,000 mL

Dose: 1.000 mL once @ 500 mL/hr for 1 dose Route: intravenous

Offset: 4 Hours

Instructions:

Following chemotherapy.

#### **Provider Communication**

#### **ONC PROVIDER COMMUNICATION 10**

Interval: Once Occurrences: --

Comments: Please order Growth Factor to begin on Day 2, 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 Comments:

Occurrences: --

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 (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

ma

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 **PRN** Dose: 20 mL Route: intravenous ☑ 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