

## IP CISPLATIN W/ CONCURRENT RT (EVERY 7 DAYS)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* CIS, SIS, PLAT, CISPLATIN, CONCURRENT RT, WEEKLY, GYN ONC

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 7 days	
<b>Day 1</b>	Perform every 7 days x1		
<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>CANCER ANTIGEN 125</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 12</b>			
Interval: Once                      Occurrences: --			
Comments:                      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000; Serum Creatinine GREATER than 1.5			
<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 (ZOFTRAN) 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>	<b>Dose</b>	<b>Selected</b>
ONDANSETRON	Medications	16 mg	Yes
			<b>Adds Vol.</b>
			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:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION				
	DEXTROSE 5 % IN WATER (D5W) IV	Base	130 mL	Yes	Yes
	SOLP (EXCEL; NON-PVC)				
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Chemotherapy

**CISplatin (PLATINOL) 40 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 40 mg/m2 Route: intravenous once over 60 Minutes for 1 dose  
Offset: 4 Hours

Instructions:

Caution Chemotherapy: Handle and dispose per chemotherapy/cytotoxic policy. Store at room temperature. Protect from light. Irritant precaution. If extravasates, consult pharmacist.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML	Medications	40 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	250 mL	Always	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.

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.

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Interval: Until discontinued  
Comments:

Occurrences: --

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 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

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.