

## IP CISPLATIN / DOCETAXEL (EVERY 21 DAYS)

*Types:* ONCOLOGY TREATMENT

*Synonyms:* SIS, CIS, CISPLATIN, PLATINOL, DOCE, DOCETAXEL, TAXOTERE, TAX, PAX, TACK

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 21 days			
<b>Day 1</b>	Perform every 1 day x1				
<b>Labs</b>					
<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: --					
<b>Nursing Orders</b>					
<b>TREATMENT CONDITIONS 13</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, Total Bilirubin 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>					
<b>ondansetron (ZOFRAN) 16 mg, dexamethasone</b>					
<input checked="" type="checkbox"/> <b>(DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB</b>					
Dose: 16 mg      Route: intravenous      once over 15 Minutes for 1 dose					
Start: S					
<b>Ingredients:</b>					
	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
	ONDANSETRON	Medications	16 mg	Main	No
	HCL 2 MG/ML			Ingredient	
	INTRAVENOUS				

SOLUTION  
 DEXAMETHASONE Medications 12 mg Yes No  
 10 MG/ML  
 INJECTION  
 SOLUTION  
 SODIUM Base 50 mL Yes Yes  
 CHLORIDE 0.9 %  
 INTRAVENOUS  
 SOLUTION  
 DEXTROSE 5 % IN Base 50 mL No Yes  
 WATER (D5W)  
 INTRAVENOUS  
 SOLUTION

**fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB**

Dose: 150 mg Route: intravenous once over 30 Minutes for 1 dose  
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FOSAPREPITANT 150 MG	Medications	150 mg	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	145 mL	Yes	Yes
	INTRAVENOUS SOLUTION				

Chemotherapy

**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: 4.5 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CISPLATIN 1 MG/ML	Medications	75 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 %	QS Base	500 mL	Yes	Yes
	INTRAVENOUS SOLUTION				
	DEXTROSE 5 % IN WATER (D5W)	QS Base		No	Yes
	INTRAVENOUS SOLUTION				

**DOCEtaxel (TAXOTERE) 75 mg/m2 in sodium chloride (NON-PVC) 0.9 % 250 mL chemo IVPB**

Dose: 75 mg/m2 Route: intravenous once over 60 Minutes for 1 dose  
 Offset: 6.5 Hours

Instructions:  
 Administer through non-DEHP tubing; Use within 4 hours of preparation; Protect from light.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DOCETAXEL 80 MG/4 ML (20 MG/ML)	Medications	75 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION				
	SODIUM CHLORIDE 0.9 % IV SOLP	QS Base	250 mL	Yes	Yes

(EXCEL;NON-PVC)  
DEXTROSE 5 % IN QS Base 250 mL No Yes  
WATER (D5W) IV  
SOLP (EXCEL;  
NON-PVC)

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.

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 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 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

Occurrences: --

Comments:

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