Protocol Index

IP GEMCITABINE 1000 (EVERY 28 DAYS)

Types: ONCOLOGY TREATMENT
Synonyms: GEM, GEMCITABINE, GEMZAR, BREAST, BLADDER, PANCREATIC

Cycle 1 Repeat 1 time Cycle length: 28 days

Day 1 Perform every 7 days x1

Labs

☑ **COMPREHENSIVE METABOLIC PANEL**
Interval: Once Occurrences: --

☑ **CBC WITH PLATELET AND DIFFERENTIAL**
Interval: Once Occurrences: --

☐ **MAGNESIUM LEVEL**
Interval: Once Occurrences: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**
Interval: Once Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**
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; Total Bilirubin GREATER than 1.6

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

Instructions:
To keep vein open.

Pre-Medications

◉ **ondansetron (ZOFRAN) injection 8 mg**
Dose: 8 mg Route: intravenous once for 1 dose
Start: S End: S 11:15 AM

○ **ondansetron (ZOFRAN) tablet 16 mg**
Dose: 16 mg Route: oral once for 1 dose
Start: S

○ **ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**
Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:00 AM

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON	Medications	16 mg	Main	No

HCL (PF) 4 MG/2 ML INJECTION SOLUTION			Ingredient	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Supportive Care

○ **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral PRN
Start: S

Supportive Care

○ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection every 6 hours PRN
Start: S

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) 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

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.

Day 8 Perform every 7 days x1

Labs

☑ **COMPREHENSIVE METABOLIC PANEL**

Interval: Once Occurrences: --

☑ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once Occurrences: --

☐ **MAGNESIUM LEVEL**

Interval: Once Occurrences: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**

Interval: Once Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**

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 75,000; Total Bilirubin GREATER than 1.6

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Instructions:
To keep vein open.

Pre-Medications

◉ **ondansetron (ZOFRAN) injection 8 mg**

Dose: 8 mg Route: intravenous once for 1 dose
Start: S End: S 11:15 AM

○ **ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
Start: S

○ **ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB**

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:00 AM

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes

Supportive Care

○ **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg Route: intravenous PRN
Start: S

○ **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg Route: oral PRN
Start: S

Supportive Care

○ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection every 6 hours PRN
Start: S

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) 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