

## IP GEMCITABINE / DOCETAXEL

Types: ONCOLOGY TREATMENT

Synonyms: GEM, GEMZAR, GEMCITABINE, JEM, JIM, MALIGNANCY, GYN, GYNEOLOGIC, DOCE, DOETAXEL, TAXOTERE

Cycle 1	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b> Perform every 1 day 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 13</b>	Interval: Until discontinued 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-Medications</b>		
<input checked="" type="radio"/>	<b>ondansetron (ZOFRAN) injection 8 mg</b>	Dose: 8 mg Route: intravenous once for 1 dose Start: S
<input type="radio"/>	<b>ondansetron (ZOFRAN) tablet 16 mg</b>	Dose: 16 mg Route: oral once for 1 dose Start: S
<input type="radio"/>	<b>ondansetron (ZOFRAN) 16 mg in dextrose 5% 50 mL IVPB</b>	

Dose: 16 mg

Start: S

**Ingredients:**

Route: intravenous

End: S

once over 15 Minutes for 1 dose

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications	16 mg	Yes	No
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications		No	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Chemotherapy

**gemcitabine (GEMZAR) 900 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 900 mg/m2

Route: intravenous

once over 90 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	900 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 1 day x1

Labs

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once

Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once

Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once Occurrences: --

**CANCER ANTIGEN 125**

Interval: Once Occurrences: --

**LDH**

Interval: Once Occurrences: --

**URIC ACID LEVEL**

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; Serum Creatinine GREATER than 1.5, Total Bilirubin GREATER than 1.5

**Nursing Orders**

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose  
Start: S  
Instructions: To keep vein open.

**Pre-Medications**

**ondansetron (ZOFRAN) 16 mg, dexamethasone**

**(DECADRON) 20 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	20 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**Chemotherapy**

**gemcitabine (GEMZAR) 900 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 900 mg/m2 Route: intravenous once over 90 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	900 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

**Chemotherapy**

**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: 60 Minutes

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) INTRAVENOUS SOLUTION	Medications	75 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	QS Base	250 mL	No	Yes

**Provider Communication**

**ONC PROVIDER COMMUNICATION 10**

Interval: Once      Occurrences: --  
Comments:      Please order Growth Factor to begin on Day 9, 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      Occurrences: --  
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 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