

IP GEMCITABINE (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: GEM, GEMCITABINE, GEMZAR, BREAST, BLADDER, PANCREATIC

Cycle 1	Repeat 1 time	Cycle length: 21 days										
Day 1 Perform every 7 days x1												
Labs												
<input checked="" type="checkbox"/>	COMPREHENSIVE METABOLIC PANEL	Interval: Once Occurrences: --										
<input checked="" type="checkbox"/>	CBC WITH PLATELET AND DIFFERENTIAL	Interval: Once Occurrences: --										
<input type="checkbox"/>	MAGNESIUM LEVEL	Interval: Once Occurrences: --										
<input type="checkbox"/>	URINALYSIS, AUTOMATED WITH MICROSCOPY	Interval: Once Occurrences: --										
<input type="checkbox"/>	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												
<input checked="" type="radio"/>	ondansetron (ZOFRAN) injection 8 mg	Dose: 8 mg Route: intravenous once for 1 dose Start: S End: S 11:15 AM										
<input type="radio"/>	ondansetron (ZOFRAN) tablet 16 mg	Dose: 16 mg Route: oral once for 1 dose Start: S										
<input type="radio"/>	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:	<table border="1"><thead><tr><th>Name</th><th>Type</th><th>Dose</th><th>Selected</th><th>Adds Vol.</th></tr></thead><tbody><tr><td>ONDANSETRON</td><td>Medications</td><td>16 mg</td><td>Main</td><td>No</td></tr></tbody></table>	Name	Type	Dose	Selected	Adds Vol.	ONDANSETRON	Medications	16 mg	Main	No
Name	Type	Dose	Selected	Adds Vol.								
ONDANSETRON	Medications	16 mg	Main	No								

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

Ingredient

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

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

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

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

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 8,15

Perform every 7 days x2

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

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 (ZOFTRAN) injection 8 mg

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

ondansetron (ZOFTRAN) tablet 16 mg

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

ondansetron (ZOFTRAN) 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.
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