Protocol Index

OP CISPLATIN / DOCETAXEL / 5FU

Types: ONCOLOGY TREATMENT
Synonyms: DOCETAXEL, TAXOTERE, DOC, DOCE, TAXO, TAX, HEAD, NECK, H&N, CIS, CISPLATIN, PLATINOL, 5FU, FLUOR, FLOW, FLOUR, CIV, TPF, DCF

Cycles 1 to 4 — Repeat 4 times — Cycle length: 21 days

Day 1 — Perform every 1 day x1

Appointment Requests

- **INFUSION APPOINTMENT REQUEST**
  Interval: -- Occurrences: --

Labs

- ☑ **COMPREHENSIVE METABOLIC PANEL**
  Interval: -- Occurrences: --
- ☑ **CBC WITH PLATELET AND DIFFERENTIAL**
  Interval: -- Occurrences: --
- ☑ **MAGNESIUM LEVEL**
  Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 7

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Pre-Hydration

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL Route: intravenous once @ 500 mL/hr for 1 dose

Start: S

Pre-Medications

☑ **palonosetron (ALOXI) injection 0.25 mg**

Dose: 0.25 mg Route: intravenous once for 1 dose

Start: S End: S 1:45 PM

☑ **dexamethasone (DECADRON) 20 mg in sodium chloride 0.9% IVPB**

Dose: 20 mg Route: intravenous once over 15 Minutes for 1 dose

Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	20 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☑ **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 INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

☐ **netupitant-palonosetron (AKYNZEO) 300-0.5 mg per capsule 1 capsule**

Dose: 1 capsule | Route: oral | once for 1 dose

Start: S | End: S 5:30 PM

Instructions:

Administer approximately 1 hour prior to chemotherapy.

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: 1 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) 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

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: 2 Hours

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

fluorouracil (ADRUCIL) 3,750 mg/m2 in sodium chloride 0.9 % 100 mL chemo infusion - AMBULATORY PUMP

Dose: 3,750 mg/m2 Route: intravenous once over 115 Hours for 1 dose
Offset: 4 Hours

Instructions:
Nurses to chart as GIVEN on the MAR.
Administer via CADD pump.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 5 GRAM/100 ML INTRAVENOUS SOLUTION	Medications	3,750 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes

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.

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --
Comments: Discontinue IV.

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 6 Perform every 1 day x1

Appointment Requests

ONC PUMP DISCONNECT APPOINTMENT REQUEST

Interval: -- Occurrences: --

Discharge Nursing Orders

DISCONNECT CONTINUOUS INFUSION PUMP

Interval: -- Occurrences: --

Comments: Disconnect patient from continuous infusion pump.

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.