

OP CISPLATIN / DOCETAXEL (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: DOCETAXEL, TAXOTERE, DOC, DOCE, TAXO, TAX, LUNG, NON-SMALL CELL, NSCLC, CIS, CISPLATIN, PLATINOL, HEAD, NECK

Take-Home Medications		Repeat 1 time	Cycle length: 1 day
Day 1	Perform every 1 day x1		
	Pre-Medications		
	☐ dexamethasone (DECADRON) 4 MG tablet Dose: 8 mg Route: oral 2 times daily Dispense: 12 tablet Refills: 0 Start: S End: S+3 Instructions: Start day prior to chemotherapy administration.		
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) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" o Sign electrolyte replacement order as Per protocol: cosign required		
	TREATMENT CONDITIONS 40 Interval: -- Occurrences: -- Comments: Magnesium (Normal range 1.6 to 2.6mEq/L) o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP o Protocol applies only to same day lab value. o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP		

- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

ONC NURSING COMMUNICATION 8

Interval: --

Occurrences: --

Comments:

Verify that patient took DEXAMETHASONE orally prior to chemotherapy. Otherwise, please contact physician to order Dexamethasone IV.

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) 12 mg in sodium chloride 0.9% IVPB

Dose: 12 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DEXAMETHASONE

Medications

12 mg

Main

Yes

4 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

☒ 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

Medications

130 mg

Main

Yes

MG/ML			Ingredient		
INTRAVENOUS					
EMULSION					
DEXTROSE 5 % IN	Base	130 mL	Yes	Yes	
WATER (D5W) IV					
SOLP (EXCEL; NON-PVC)					
SODIUM	Base	130 mL	No	Yes	
CHLORIDE 0.9 % IV					
SOLP (EXCEL;NON-PVC)					

☐ **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.

☐ **ondansetron (ZOFTRAN), dexamethasone (DECADRON) in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:42 AM

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION	Medications		Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications		Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	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: 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	QS Base	250 mL	No	Yes

SOLP (EXCEL;
NON-PVC)

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

Medications

75 mg/m2

Main

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

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

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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.

Post-Medications

☐ **pegfilgrastim (NEULASTA) on-body injection kit 6 mg**

Dose: 6 mg

Route: subcutaneous

once for 1 dose

Start: S

End: S

Instructions:

Apply to intact, nonirritated skin on the back of
the arm or abdomen (only use the back of the
arm if caregiver is available to monitor
On-body injection status).