Protocol Index

OP CISPLATIN / VINORELBINE (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT
Synonyms: NAVELBINE, VINORELBINE, NAVEL, CISPLATIN, PLATINOL, CIS, PLAT, LUNG, NSCLC, NON-SMALL CELL

Take-Home Medications Repeat 1 time Cycle length: 1 day

Day 1 Perform every 1 day x1

Take-Home Medications Prior to Treatment

○ **dexamethasone (DECADRON) 4 MG tablet**

Dose: 8 mg Route: oral daily
Dispense: 6 tablet Refills: 0
Start: S End: S+3
Instructions:
Start on Day 2 of treatment Cycle.

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

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
Offset: 1 Hours

☑ **dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% IVPB**

Dose: 12 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 1 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		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
Offset: 1 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2	Medications	130 mg	Main	Yes

MG/ML INTRAVENOUS EMULSION				Ingredient	
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

vinorelbine (NAVELBINE) 25 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 25 mg/m2 Route: intravenous once over 10 Minutes for 1 dose
Offset: 1.5 Hours

Instructions:
Caution-VESICANT; must have CENTRAL line.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
VINORELBINE 10 MG/ML INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	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

Post-Hydration

○ **sodium chloride 0.9 % infusion 1,000 mL**

Dose: 1,000 mL Route: intravenous once @ 500 mL/hr for 1 dose
Offset: 3 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 8 Perform every 1 day x1

Appointment Requests

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Interval: -- Occurrences: --

Labs

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Interval: -- Occurrences: --

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- 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
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- 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
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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-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

Chemotherapy

vinorelbine (NAVELBINE) 25 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB
Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Caution-VESICANT; must have CENTRAL line.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
VINORELBINE 10 MG/ML INTRAVENOUS	Medications	25 mg/m2	Main Ingredient	Yes

SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes	

Discharge Nursing Orders

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Dose: 20 mL
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PRN

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Route: intra-catheter
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Instructions:
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