

OP CISPLATIN W/ CONCURRENT RT (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: CIS, PLAT, CISPLATIN, PLATINOL, CONCURRENT RT, THORACIT, XRT, RADIO

| | | |
|--|--------------------------|-----------------------|
| Cycle 1 | Repeat 1 time | Cycle length: 49 days |
| Days 1,22,43 | Perform every 21 days x3 | |
| Appointment Requests | | |
| INFUSION APPOINTMENT REQUEST | | |
| Interval: -- Occurrences: -- | | |
| Labs | | |
| <input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> 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 37

Interval: -- Occurrences: --
 Comments: Verify with the patient that a radiation appointment has been scheduled.

Nursing Orders

TREATMENT CONDITIONS 17

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

ondansetron (ZOFTRAN) 16 mg, dexamethasone

- (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:30 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 | 12 mg | Yes | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | | No | Yes |

- ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose
 Start: S End: S 11:30 AM

- dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg Route: oral once for 1 dose
 Start: S

- palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg Route: intravenous once for 1 dose
 Start: S End: S 3:00 PM

- 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 CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC) | Base | 130 mL | No | Yes |

Chemotherapy

CISplatin (PLATINOL) 100 mg/m2 in sodium chloride 0.9% 500 mL chemo IVPB

Dose: 100 mg/m2 Route: intravenous once over 1 Hours for 1 dose
Offset: 30 Minutes

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
| | CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION | Medications | 100 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 | 500 mL | 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.