

OP GDP

Types: ONCOLOGY TREATMENT

Synonyms: GDP, LYMPH, AQ, GEMZAR, GEMCI, DEXA, CISPL

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: 20 mg		Route: oral	2 times daily
Dispense: 40 tablet		Refills: 3	
Start: S		End: S+4	
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			
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL			
Interval: --		Occurrences: --	
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL			
Interval: --		Occurrences: --	
<input checked="" type="checkbox"/> MAGNESIUM LEVEL			
Interval: --		Occurrences: --	
<input type="checkbox"/> LDH			
Interval: --		Occurrences: --	
<input type="checkbox"/> URIC ACID 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.

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 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	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.

☐ **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

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

Provider Communication

ONC PROVIDER COMMUNICATION 7

Interval: -- Occurrences: --
 Comments: Careful monitoring of audiometry should be performed prior to initiation

of cisplatin therapy and prior to subsequent doses. If patient has not had baseline audiometry and/or does not have scheduled audiometry for future doses, place order via order entry.

Chemotherapy

CISplatin (PLATINOL) 75 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 75 mg/m2

Route: intravenous

once @ 500 mL/hr over 1 Hours for 1 dose
Offset: 60 Minutes

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: 2 Hours

Instructions:

Following chemotherapy.

Supportive Care

furosemide (LASIX) injection 20 mg

Dose: 20 mg

Route: intravenous

every 4 hours PRN over 1-2 Minutes

Start: S

Instructions:

Inject each 20 mg of furosemide slowly IV over
1 to 2 minutes.

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.

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --

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 4

Interval: --

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 83

Interval: --

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

Day 8

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

☒ **CBC WITH PLATELET AND DIFFERENTIAL**

Interval: -- Occurrences: --

☒ **COMPREHENSIVE METABOLIC PANEL**

Interval: -- Occurrences: --

☒ **MAGNESIUM LEVEL**

Interval: -- Occurrences: --

☐ **LDH**

Interval: -- Occurrences: --

☐ **URIC ACID 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.

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.
	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

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)

Medications

1,000
mg/m2

Main

Yes

Ingredient

INTRAVENOUS
SOLUTIONSODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

QS Base

250 mL

Yes

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

QS Base

No

Yes

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.

Hematology & Oncology Hypersensitivity Reaction Standing Order

ONC NURSING COMMUNICATION 82

Interval: --

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 4**

Interval: --

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 83

Interval: --

Comments:

Occurrences: --

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