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# OP GDP

**Types:** ONCOLOGY TREATMENT

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

Take-Home Medications	Repeat 1 time	Cycle length: 1 day	
<b>Day 1</b>			Perform every 1 day x1
Take-Home Medications Prior to Treatment			
<b>dexamethasone (DECADRON) 4 MG tablet</b>			
Dose: 20 mg	Route: oral	2 times daily	
Dispense: 40 tablet	Refills: 3		
Start: S	End: S+4		
<b>Cycles 1 to 4</b>	Repeat 4 times	Cycle length: 21 days	
<b>Day 1</b>			Perform every 1 day x1
Appointment Requests			
<b>INFUSION APPOINTMENT REQUEST</b>			
Interval: --	Occurrences: --		
Labs			
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>			
Interval: --	Occurrences: --		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>			
Interval: --	Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>			
Interval: --	Occurrences: --		
<input type="checkbox"/> <b>LDH</b>			
Interval: --	Occurrences: --		
<input type="checkbox"/> <b>URIC ACID LEVEL</b>			
Interval: --	Occurrences: --		
Outpatient Electrolyte Replacement Protocol			
<b>TREATMENT CONDITIONS 39</b>			
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		
<b>TREATMENT CONDITIONS 40</b>			
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	Medications	12 mg	Main	Yes
4 MG/ML			Ingredient	
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 WATER (D5W) IV SOLP (EXCEL; NON-PVC)	130 mL	Yes	Yes
		SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	130 mL	No	Yes
<b>netupitant-palonosetron (AKYNZEO) 300-0.5</b>					
<b>mg per capsule 1 capsule</b>					
	Dose: 1 capsule	Route: oral	once for 1 dose		
	Start: S	End: S 5:30 PM			
Instructions: Administer approximately 1 hour prior to chemotherapy.					
<b>ondansetron (ZOFTRAN), dexamethasone (DECADRON) in sodium chloride 0.9% 50 mL IVPB</b>					
	Dose: --	Route: intravenous	once over 15 Minutes for 1 dose		
	Start: S	End: S 11:42 AM			
<b>Ingredients:</b>					
	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON	Medications		Yes	No
	HCL 2 MG/ML				
	INTRAVENOUS				
	SOLUTION				
	DEXAMETHASONE	Medications		Yes	No
	4 MG/ML				
	INJECTION				
	SOLUTION				
	SODIUM	Base	50 mL	Always	Yes
	CHLORIDE 0.9 %				
	INTRAVENOUS				
	SOLUTION				
	DEXTROSE 5 % IN Base			No	Yes
	WATER (D5W)				
	INTRAVENOUS				
	SOLUTION				
<b>Chemotherapy</b>					
<b>gemcitabine (GEMZAR) 1,000 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB</b>					
	Dose: 1,000 mg/m2	Route: intravenous	once over 30 Minutes for 1 dose		
			Offset: 30 Minutes		
<b>Ingredients:</b>					
	Name	Type	Dose	Selected	Adds Vol.
	GEMCITABINE 200	Medications	1,000	Main	Yes
	MG/5.26 ML (38		mg/m2		
	MG/ML)			Ingredient	
	INTRAVENOUS				
	SOLUTION				
	SODIUM	QS Base	250 mL	Yes	Yes
	CHLORIDE 0.9 %				
	INTRAVENOUS				
	SOLUTION				
	DEXTROSE 5 % IN QS Base			No	Yes
	WATER (D5W)				
	INTRAVENOUS				
	SOLUTION				

#### 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 audiology and/or does not have scheduled audiology 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	
<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>
	CISPLATIN 1 MG/ML INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Medications	75 mg/m2 Main Ingredient
		QS Base	500 mL Yes
			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: 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
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##### **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.

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**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 O<sub>2</sub> 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.

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**ONC NURSING COMMUNICATION 83**

Interval: --

Occurrences: --

Comments:

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> 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 O<sub>2</sub> 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)

- 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"



chloride 0.9 % 250 mL chemo IVPB	Dose: 1,000 mg/m2	Route: intravenous	once over 30 Minutes for 1 dose	
			Offset: 30 Minutes	
<b>Ingredients:</b>	<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>
	GEMCITABINE 200 MG/5.26 ML (38 MG/ML)	Medications	1,000 mg/m2	Main Ingredient
	INTRAVENOUS SOLUTION			Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	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 O<sub>2</sub> 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 O<sub>2</sub> 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 O<sub>2</sub> 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.

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#### **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

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#### **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