

OP GEMCITABINE 675

Types: ONCOLOGY TREATMENT

Synonyms: GEM, GEMCITABINE, GEMZAR, PANCREATIC

Cycles 1 to 3	Repeat 3 times	Cycle length: 28 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: --		
☐ URINALYSIS, AUTOMATED WITH MICROSCOPY		
Interval: -- Occurrences: --		
☐ CANCER ANTIGEN 27-29 (CA BR)		
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

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

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
 Start: S
 Instructions:
 To keep vein open.

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

Supportive Care

☐ LORAZepam (ATIVAN) injection 1 mg

Dose: 1 mg Route: intravenous once PRN
 Start: S

☐ LORAZepam (ATIVAN) tablet 1 mg

Dose: 1 mg Route: oral once PRN
 Start: S

Antiemetics

☐ promethazine (PHENERGAN) injection 12.5 mg

Dose: 12.5 mg Route: injection once PRN

Start: S

Chemotherapy

gemcitabine (GEMZAR) 675 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 675 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

675
mg/m2

Main

Yes

Ingredient

INTRAVENOUS
SOLUTION

SODIUM
CHLORIDE 0.9 %

QS Base

250 mL

Yes

Yes

INTRAVENOUS
SOLUTION

DEXTROSE 5 % IN
WATER (D5W)

QS Base

No

Yes

INTRAVENOUS
SOLUTION

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.

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).

Day 8

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: --

☐ **URINALYSIS, AUTOMATED WITH MICROSCOPY**

Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**

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

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

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:
To keep vein open.

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

Antiemetics

☐ **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg Route: injection once PRN
Start: S

Chemotherapy

gemcitabine (GEMZAR) 675 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 675 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	675 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

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.

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).

Day 15

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: --

☐ **URINALYSIS, AUTOMATED WITH
MICROSCOPY**

Interval: -- Occurrences: --

☐ **CANCER ANTIGEN 27-29 (CA BR)**

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

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

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

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

Medications

16 mg

Main

No

HCL (PF) 4 MG/2

Ingredient

ML INJECTION

SOLUTION

DEXTROSE 5 % IN Base

50 mL

Always

Yes

WATER (D5W)

INTRAVENOUS

SOLUTION

Antiemetics

☐ promethazine (PHENERGAN) injection 12.5 mg

Dose: 12.5 mg

Route: injection

once PRN

Start: S

Chemotherapy

gemcitabine (GEMZAR) 675 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB

Dose: 675 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

675 mg/m2

Main

Yes

Ingredient

INTRAVENOUS SOLUTION

SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION

QS Base

250 mL

Yes

Yes

INTRAVENOUS SOLUTION

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.

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).