

OP GEMCITABINE / CISPLATIN (EVERY 21 DAYS) (BLADDER)

Types: ONCOLOGY TREATMENT

Synonyms: GEM, GEMCITABINE, GEMZAR, CISPLATIN, PLATINOL, CIS, PLAT, BLADDER

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"/> 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

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 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.

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: 1 Hours

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	GEMCITABINE 200 MG/5.26 ML (38 MG/ML)	Medications	1,000 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

CISplatin (PLATINOL) 70 mg/m2 in sodium chloride 0.9 % 500 mL chemo IVPB

Dose: 70 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	Medications	70 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION 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: 2 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

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: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments:

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- 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.

Nursing Orders

TREATMENT CONDITIONS 8

Interval: -- Occurrences: --
 Comments: On Day 8 of Gemcitabine: HOLD and notify provider if Platelets LESS than 75,000.

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

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) 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

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.