

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

Types: ONCOLOGY TREATMENT

Synonyms: GEM, GEMCITABINE, GEMZAR, CISPLATIN, PLATINOL, CIS, PLAT, LUNG, NSCLC, NON-SMALL CELL

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		
	☒ COMPREHENSIVE METABOLIC PANEL	
	Interval: --	Occurrences: --
	☒ CBC WITH PLATELET AND DIFFERENTIAL	
	Interval: --	Occurrences: --
	☒ 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

Medications

12 mg

Main

Yes

4 MG/ML

INJECTION

SOLUTION

SODIUM

Base

50 mL

Yes

Yes

CHLORIDE 0.9 %

INTRAVENOUS

SOLUTION

DEXTROSE 5 % IN

Base

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

Offset: 1 Hours

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

APREPITANT 7.2

Medications

130 mg

Main

Yes

MG/ML

INTRAVENOUS

EMULSION

DEXTROSE 5 % IN

Base

130 mL

Yes

Yes

WATER (D5W) IV

SOLP (EXCEL;

NON-PVC)

SODIUM

Base

130 mL

No

Yes

CHLORIDE 0.9 % IV

SOLP

(EXCEL;NON-PVC)

☐ 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.

Pre-Medications

☐ **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Administer via slow IV push 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S End: S 11:45 AM
 Instructions:
 Administer 30 minutes prior to chemotherapy.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DIPHENHYDRAMIN E 50 MG/ML INJECTION SOLUTION	Medications	50 mg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

☐ **diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose
 Offset: 0 Hours
 Instructions:
 Administer 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg Route: oral once for 1 dose
 Offset: 0 Hours
 Instructions:
 Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg Route: intravenous once for 1 dose
 Offset: 0 Hours
 Instructions:
 Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg Route: oral once for 1 dose
 Offset: 0 Hours
 Instructions:
 Administer 30 minutes prior to chemotherapy.

☐ **acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose
 Offset: 0 Hours
 Instructions:
 Administer 30 minutes 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

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

Dose: 75 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	75 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: 4 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:

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.

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) 4 mg/2 mL 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) 4 mg/2 mL 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 No
Ingredient

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Always Yes

Pre-Medications

☐ **diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg

Route: intravenous

once for 1 dose

Start: S

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

☐ **diphenhydrAMINE (BENADRYL) 50 mg in sodium chloride 0.9 % 50 mL IVPB**

Dose: 50 mg

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:45 AM

Instructions:

Administer 30 minutes prior to chemotherapy.

Ingredients:

Name

Type

Dose

Selected

Adds Vol.

DIPHENHYDRAMIN
E 50 MG/ML
INJECTION
SOLUTION

Medications

50 mg

Main No
Ingredient

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION
DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

50 mL

Yes Yes

Base

50 mL

No Yes

☐ **diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg

Route: oral

once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

☐ **diphenhydramine (BENADRYL) tablet 50 mg**

Dose: 50 mg

Route: oral

once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg

Route: intravenous

once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

☐ **famotidine (PEPCID) tablet 20 mg**

Dose: 20 mg

Route: oral

once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 minutes prior to chemotherapy.

☐ **acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 minutes 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: 30 Minutes

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

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.