Protocol Index

# OP GEMOX (1000/100) EVERY 14 DAYS

*Types:* ONCOLOGY TREATMENT
*Synonyms:* GEMOX, GEMCITABINE, OXALIPLATIN, ELOXATIN, GEMZAR, CHOLANGIOCARCINOMA

**Cycles 1 to 6** Repeat 6 times Cycle length: 14 days

**Day 1** 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"
- Sign electrolyte replacement order as Per protocol: cosign required

**TREATMENT CONDITIONS 40**
Interval: -- Occurrences: --
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
- Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- Protocol applies only to same day lab value.
- Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- 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 17**
Interval: -- Occurrences: --
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

**dextrose 5% flush syringe 20 mL**
Dose: 20 mL Route: intravenous PRN
Start: S
Instructions:
Administer ONLY for Oxaliplatin.

**sodium chloride 0.9 % flush 20 mL**
Dose: 20 mL Route: intravenous PRN
Start: S
Instructions:
Do NOT administer with Oxaliplatin.

Nursing Orders

**dextrose 5% infusion 250 mL**
Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
Start: S
Instructions:
To keep vein open for Oxaliplatin.

**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. Do NOT administer with Oxaliplatin.

Pre-Medications

☑ **ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**
Dose: -- Route: intravenous once over 15 Minutes for 1 dose
Start: S End: S 11:30 AM

**Ingredients:**

| Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|
| ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg | Yes | No |
| DEXAMETHASONE 4 MG/ML INJECTION SOLUTION | Medications | 12 mg | Yes | No |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | | No | Yes |

☐ **ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg | Route: oral | once for 1 dose
Start: S | End: S 11:30 AM

☐ **dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg | Route: oral | once for 1 dose
Start: S

☐ **palonosetron (ALOXI) injection 0.25 mg**

Dose: 250 mcg | Route: intravenous | once for 1 dose
Start: S | End: S 3:00 PM
Instructions:
For OUTPATIENT use only.

☐ **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 |

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 |

**OXALIplatin (ELOXATIN) 100 mg/m2 in dextrose 5% 500 mL chemo IVPB**

Dose: 100 mg/m2 | Route: intravenous | once over 2 Hours for 1 dose
Offset: 60 Minutes

Instructions:
Irritant - avoid extravasation. Flush line with D5W before and after oxaliplatin infusion.
Cold temperatures can precipitate/exacerbate neurologic symptoms-avoid during the infusion.
Diet Alteration Required: Avoid ingestion of all cold foods and handle cold foods with gloves during and up to two weeks after therapy is discontinued. Incompatible with

sodium chloride.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|---|---|---|---|---|---|
| | OXALIPLATIN 100 MG/20 ML INTRAVENOUS SOLUTION | Medications | 100 mg/m2 | Main Ingredient | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | QS Base | 500 mL | Yes | Yes |

Nursing Orders

**ONC NURSING COMMUNICATION 11**

Interval: -- Occurrences: --

Comments: Exposure to cold may exacerbate oxaliplatin-induced neuropathy (including pharyngolaryngeal dysesthesia). Encourage patient to keep blanket on their chest and/or throat during oxaliplatin infusion. Educate patient to avoid cold drinks/foods, ice chips or exposure to cold water or air for 7 days after oxaliplatin infusion.

**ONC NURSING COMMUNICATION 12**

Interval: -- Occurrences: --

Comments: Assess and notify provider for persistent neuropathy (Grade 2).

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.