

## OP NAB-PACLITAXEL / GEMCITABINE

Types: ONCOLOGY TREATMENT

Synonyms: ABRAXANE , NAB-PACLITAXEL, NAP, ABE, BRAX, GEM, GEMCITABINE, GEMZAR, PANCREATIC

Cycles 1 to 3	Repeat 3 times	Cycle length: 28 days
<b>Day 1</b>		Perform every 1 day x1
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b>		
Interval: -- Occurrences: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<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**

**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 (ZOFRAN) 4 mg/2 mL injection 8 mg**  
 Dose: 8 mg Route: intravenous once for 1 dose  
 Start: S End: S 11:15 AM
- ondansetron (ZOFRAN) tablet 16 mg**  
 Dose: 16 mg Route: oral once for 1 dose  
 Start: S
- ondansetron (ZOFRAN) 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 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

**NAB-PAClitaxel (ABRAXANE) chemo infusion  
125 mg/m2 (Treatment Plan)**

Dose: 125 mg/m2      Route: intravenous      once over 30 Minutes for 1 dose  
Offset: 30 Minutes

**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) 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.

**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) 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 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

**NAB-PAClitaxel (ABRAXANE) chemo infusion 125 mg/m2 (Treatment Plan)**

Dose: 125 mg/m2      Route: intravenous      once over 30 Minutes for 1 dose  
Offset: 30 Minutes

**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) 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

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 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**

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**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"
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**Nursing Orders**

**TREATMENT CONDITIONS 7**

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Dose: 1 mg                      Route: oral                      once PRN  
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**ONC NURSING COMMUNICATION 76**

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**sodium chloride 0.9 % flush 20 mL**

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