MemorialCare

Inpatient Adult Chemotherapy Order Set
EPIC 3705: Bladder (neoadjuvant) - GEMZAR + CISplatin (Q3W)

Patient Name: _____ **MRN #:** _____ **DOB:** _____

Diagnosis: _____ **Height:** _____ **Weight:** _____ **BSA:** _____ **m²**

Chemotherapy Treatment Regimen/Protocol: GEMZAR + CISplatin

Chemotherapy Treatment Start Date: _____ **Current Cycle #:** _____

Draw Labs: ☐ CBC w/diff ☐ CMP ☐ Mg ☐ Phos ☐ LDH ☐ Uric Acid ☐ Urine pH Q4H ☐ Other _____
☐ Prior to Chemotherapy ☐ Daily ☐ Every Other Day ☐ on Date/Day _____

Notify Provider Parameters:
☐ Notify Provider and hold chemotherapy if ANC is less than _____ and/or platelets are less than _____.
☐ Notify Provider if: _____.

Clinical Assessment/Treatment Instructions:
■ If new IVF is ordered for chemotherapy regimen, discontinue all currently active IVF orders.
☐ OK to administer chemotherapy with an ANC greater than or equal to _____ and platelets greater than or equal to _____.
☐ Other: _____.

Flush Lines:
■ Ok to establish and flush vascular access. ■ Flush Panel: • Heparin 3-5 mL (100 units/mL) IV PRN
• Saline Lock Flush 20 mL IV PRN

Continuous Maintenance IV Fluids:
☐ NS 1000 mL IV at _____ mL/hr ☐ D5W 1000 mL with Na Bicarb _____ mEq IV at _____ mL/hr
☐ ½ NS 1000 mL IV at _____ mL/hr ☐ D5 ½ NS 1000 mL with KCL 20 mEq IV at _____ mL/hr
☐ Other: _____ IV at _____ mL/hr

Pre-Chemotherapy IV Hydration:
■ NS 500 mL IV ONCE over 2 hours prior to chemotherapy
☐ NS 100 mL with Calcium Gluconate 1 gram IV ONCE over 1 hour prior to chemotherapy
☐ NS 100 mL with Magnesium Sulfate 1 gram IV ONCE over 1 hour prior to chemotherapy
☐ NS 500 mL with Mannitol 25 grams and Magnesium Sulfate 1 gram IV ONCE over 2 hours prior to chemotherapy

Post-Chemotherapy IV Hydration:
☐ NS 250 mL IV over 1 hour post-chemotherapy ■ NS 500 mL IV over 2 hours post-chemotherapy

Pre-Chemotherapy Antiemetic Medications: (*Administer 30 minutes prior to chemotherapy or follow administration instructions.*)
☐ **Low Risk:** • Dexamethasone (Decadron) 8 mg IV DAILY on Day(s): _____
☐ **Moderate Low Risk:** •Ondansetron (Zofran) 16 mg IV DAILY on Day(s): _____
•Dexamethasone (Decadron) 16 mg IV DAILY on Day(s):
☐ **Moderate High Risk:** • Palonosetron (Aloxi) 0.25 mg IV ONCE on Day 1
• Dexamethasone (Decadron) 16 mg IV DAILY on Day(s):
■ **High Risk:** • Fosaprepitant (Emend) 150 mg IV ONCE on Day 1
• Ondansetron (Zofran) 8 mg IV ONCE on Day 1
• Dexamethasone (Decadron) 12 mg IV ONCE on Day 1 and ___ mg IV DAILY on subsequent Day(s): _____
■ **Other:** Dexamethasone 8 mg IV ONCE on Day 8 prior to Gemcitabine

Pre-Chemotherapy "Other" Medications:
☐ Acetaminophen (Tylenol) 650 mg PO ONCE on Day(s): _____ ☐ Granisetron (Kytril) 1 mg IV ONCE on Day(s): _____
☐ DiphenhydrAMINE (Benadryl) 25 mg IV ONCE on Day(s): _____ ☐ LORazepam (Ativan) 0.5 mg IV ONCE on Day(s): _____
☐ Famotidine (Pepcid) 20 mg IV ONCE on Day(s): _____ ☐ Atropine 0.4 mg SubQ ONCE prior to Irinotecan
☐ MetoCLOPramide (Reglan) 10 mg IV ONCE on Day(s): _____ ☐ Other: _____
☐ OLANZapine (ZyPREXA) 10 mg PO Daily on Days: ____ *(Give initial dose prior to chemotherapy)*

PRN Medications:
☐ Ondansetron (Zofran) 4 mg IV Q6H PRN N/V ☐ Granisetron (Kytril) 1 mg IV Q12H PRN N/V
☐ Prochlorperazine (Compazine) 10 mg IV Q6H PRN N/V ☐ MetoCLOPramide (Reglan) 10 mg IV Q6H PRN N/V
☐ DiphenhydrAMINE (Benadryl) 25 mg IV Q6H PRN itching, N/V ☐ LORazepam (Ativan) _____ mg PO/IV Q6H PRN anxiety, N/V
☐ Acetaminophen (Tylenol) 650 mg PO Q6H PRN H/A, fever ■ Other: (LBM ONLY) K, Mg per pharmacy keep K > 3.8, Mg > 1.8

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 4/5/21 11:19

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Version Date: March 2021

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Chemotherapy Treatment Regimen/Protocol: GEMZAR + CISplatin **BSA** _____ **m^2**

- **Provide documentation if using non-standard regimen/protocol:** _____
- **Reason for chemotherapy dose deviation from standard regimen/protocol:**
  ☐ Age ☐ Renal Function ☐ Hepatic Function ☐ Hematologic Factors ☐ Previous Toxicity ☐ Other: _____
- **BSA\Wt dosing:** If BSA >2 m^2, use BSA of _____ m^2 OR If not using ACTUAL Wt, use ☐ Adjusted ☐ Ideal
- **For AUC dosing:** Patient's actual SCr will be used for dose calculation (minimum of 0.7 mg/dL per hospital policy) unless MD specifies SCr to use here: _____ mg/dL. (Maximum CrCl for dose calculation is 125 mL/min.). If CARBOplatin is ordered, prescriber MUST calculate and specify dose in milligrams

Documentation required for **Lifetime Cumulative Dose (LCD)** given to date: Anthracyclines _____ mg/m^2 or Bleomycin _____ units.

Chemotherapeutic Drugs: *(Please do not use unapproved abbreviations such as "d" for dose or Day…)*

Drug Name	Intended Dose (mg/m^2 or mg/kg or AUC)	Actual Dose (mg or units)	Route & Frequency
Gemcitabine (GEMZAR)	1000 mg/m2		in 100 mL NS IV over 30 min ONCE on Days 1 and 8
CISplatin (PLATINOL-AQ)	70 mg/m2		in 500 mL NS IV over 3 hrs ONCE on Day 1
Mannitol		12.5 g	add to CISplatin bag on Day 1
Magnesium Sulfate		1 g	add to CISplatin bag on Day 1

Chemotherapy Infusion Reaction Medications: *(All medications will be ordered together; RN will notify physician of all chemo infusion reactions)*

■
- Acetaminophen (Tylenol) 650 mg PO PRN x 1 for fever, chills
- DiphenhydrAMINE (Benadryl) 50 mg IV PRN x 1 for itching, facial flushing, hives, rash
- MethylPREDNISolone (Solu-Medrol) 125 mg IV PRN x 1 for wheezing, shortness of breath or symptoms unresponsive to IV diphenhydrAMINE
- EPINEPHrine 0.3 mg IM PRN x 1 for anaphylaxis
- Famotidine (Pepcid) 20 mg IV PRN x 1 for itching, facial flushing, hives, rash if famotidine not given as premed
- Meperidine (Demerol) 25 mg IV PRN x 1 for severe rigors
- Albuterol (Proventil HFA, Ventolin HFA) 90 mcg/actuation MDI 2 puffs PRN x 1 for wheezing, shortness of breath, dyspnea

Supportive Therapy:

☐ Filgrastim - sndz (Zarxio) _____mcg (300 mcg or 480 mg) SubQ DAILY starting on Day _____ after chemo. Continue filgrastim-sndz DAILY for ___ days (regardless of ANC), then HOLD subsequent dose when ANC is greater than _____.
☐ Allopurinol (Zyloprim) _____ mg PO DAILY
☐ Polynyl alcohol (Artificial Tears) 1.4% ophthalmic solution 2 drops both eyes QID X 7 Days beginning on the same day High Dose Cytarabine is started
☐ PrednisoLONE acetate (PredForte) 1% ophthalmic suspension 2 drops both eyes QID X 7 Days beginning on the same day High Dose Cytarabine is started
☐ Other: _____

MD Name (Printed) _____ **MD Signature** _____ **Date / Time** 4/5/21 11:19

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