PENNSTATE HERSHEY
Cancer Institute

REVISED April 2014

GEMCITABINE / CISPLATIN

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____ Diagnosis _____Metastatic Site _____

Cycle # _____ of _____ Planned

				If chemo delayed
Day	1	8	15	
Date				
Weight/BSA				
WBC/ANC				
Hb/Hct				
Platelets				
BUN/Cr				
Dose delayed or not given (reason)				
RN Signature				

1. Laboratory Studies: (required before administration)
May proceed with first weeks' therapy without new labs:
Yes / No
Otherwise, please obtain CBC/diff/plts prior to each weekly treatment.
Please check BUN/Cr prior to Cisplatin
Call MD if WBC < 3000 or ANC < 1500; Hct < 25, plts < 100K.
Call MD if Cr is > _____ on the day of cisplatin administration.

_____

2. Consent Obtained?
   ☐ Yes
      ☐ Preprinted Consent
      ☐ See Dictated Note
3. Infusion Room General Order Set will be initiated
4. Premedications:
On days when gemcitabine and cisplatin given together:
Ondansetron, 24 mg po 30 minutes prechemo .
Dexamethasone, 12 mg po 30 minutes prechemo.
Prochlorperazine, 10 mg po/IV Q4hrs prn breakthrough nausea/vomiting.

5. Chemotherapy (administer in the order written):

Administer gemcitabine on days 1 8 15 (circle choices)
Prochlorperazine, 10 mg po 30 minutes pre-gemcitabine. (on days Gem given alone)
Gemcitabine 800 / 1000 / 1100 mg/m^2 (circle one) = _____ mg IV infuse over 60 min
Gemcitabine may be given during pre cisplatin hydration.

Administer cisplatin on days 1 8 15 (circle choice).
Normal Saline @ 500 ml /hr IV x 2 hours.
Fosaprepitant 150 mg IV 30 min pre-Cisplatin
Cisplatin, _____ mg/ m^2 = _____ mg in 250 ½NS IV over 30' post-gemcitabine.
D_5½ Normal Saline with 20 meq KCl/L **@ 500 ml /hr IV x 2 hours.**

6. Post Chemotherapy:
Antiemetics: Prophylactic antiemetics per post-platinum chart after cisplatin.

Preparer's Signature _____ Date_____

Attending's Signature **Printed name** **Pager number** **Date** **Time AM/PM**

MR CHEMO ORDER