PENNSTATE HERSHEY
Cancer Institute

REVISED August 2012

CISPLATIN
(Weekly)

Date written _____ To begin _____

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

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: ☐None needed prior to first dose of chemo
   CBC Diff and Plts, BUN/Creat required before each dose*
2. Consent Obtained ?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart
   ☐ No Plan: _____
3. Infusion Room General Order Set will be initiated.
4. Premedications: (For all cycles, unless otherwise specified)
   Hydration:
   Prepare 1 Liter of of D5 1/2 NS IV with 20 mEq Potassium Chloride/L and with 8meq /L Magnesium sulfate. Give 500 ml by running at 500 ml per hour for 1 hour.
   Antiemetics: Palonosetron 0.25 mg IV push, 30 min prior to cisplatin
   Dexamethasone 10mg PO (or IV if not tolerating PO) 30 min pre-chemo
   Prochlorperazine 10mg PO (or IV if not tolerating PO) q4h prn nausea/vomiting.
5. Chemotherapy dose calculation

Cisplatin 25 / 30 / 40 mg/m^2=_____mg in 250 ml NS over 30 min IV weekly x 3 doses

6. Post Chemotherapy: (For each cycle, unless otherwise specified)
   Give 500 ml of D5 1/2 NS with 20 mEq Potassium Chloride/L and with 8meq /L Magnesium sulfate, run at 500 ml per hour for 1 hour.
7. Subsequent Doses: Patient to be seen prior to each cycle by MD, orders will be written for each.

MD Signature _____

Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
☐ No
☐ Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____

Day # Cycle	**1** ( )	**8** ( )	**15** ( )
Date			
Weight/BSA			
Wbc/ANC*			
Hb/Hct*			
Platelets*			
Bun/Creat*			
Cisplatin mg IV			
(Growth Factors)			
MD/RN signature			

MR CHEMO ORDER