

REVISED August 2013

CISPLATIN/DOXORUBICIN

Date written _____ To begin _____

Patient's: Height _____ cm	Weight _____ kg	BSA _____ m ²
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	Diagnosis _____	Metastatic Site _____

1. Laboratory Studies: CBC, DIFF, PLT
 Notify MD if ANC <1500 or PLT <100K
 Additional labs needed prior to chemo:
 RN to record labs and other information requested on grid, and sign

2. Consent Obtained?
 Yes Preprinted Consent
 See Dictated Note Note in Chart

3. Infusion Room General Order Set will be initiated

4. Chemotherapy:
 Fosaprepitant 150 mg IV 30 min pre-Cisplatin day # 1 thru 4
 Ondansetron 16 mg orally 30 min pre- chemo every 24 hours
 Dexamethasone 12 mg orally 30 min pre-chemo than 8 mg PO every 24 hours
 PRN medications: Ondansetron 8 mg IV every 4-6 hours prn nausea/vomiting (maximum total of 32mg in any 24 hour period)
 Hydration: Normal saline IV at 1000ml/hour x 1 hour, then D5 1/2 Normal saline at 125ml/hr until chemotherapy completed.

Cycle # _____ of _____ Planned

			If chemo delayed
Day	1	2	
Date			
Weight/BSA			
WBC/ANC			
Hb/Hct			
Platelets			
Dose delayed or not given (reason)			
RN Signature			

Cisplatin (circle one) 100 / 120 mg/m² = _____ mg given IV in 500ml normal saline over 1 hour, day 1 only.

Post Hydration for cisplatin: 1L D5 1/2 normal saline with 20 mEq potassium chloride/L IV over 2 hours

Doxorubicin 37.5 mg/m² = _____ mg given IV as a continuous infusion daily x 2 days (48 hours) days 1-2
 (Total Dose 75mg/m² given over 2 days)

Preparer's Signature _____ Date _____

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



MR CHEMO ORDER