

REVISED January 2016

# CISPLATIN/DOXORUBICIN

Date written \_\_\_\_\_ To begin \_\_\_\_\_

Patient's: Height _____ cm    Weight _____ kg    BSA _____ m <sup>2</sup> Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____    Diagnosis _____    Metastatic Site _____
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1. Laboratory Studies: ISTAT Creatinine, CBC, DIFF, PLT, CMP, MG++ Hold drugs and notify MD if ANC <1500 or PLT <100K or Creatinine abnormal. If MG++ abnormal call MD but may proceed with chemo.

2. Consent Obtained?

Yes

3. Infusion Room General Order Set will be initiated

4. **Chemotherapy:**

**Fosaprepitant** 150 mg IV 30 min pre-Cisplatin day 1 only

**Ondansetron** 16 mg orally 30 min pre-chemo every 24 hours

**Dexamethasone** 12 mg orally 30 min pre-chemo then 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.

**Cisplatin** 60 mg/m<sup>2</sup> = \_\_\_\_\_ mg given IV in 500ml normal saline over 1 hour, day 1 and day 2.

**Post Hydration for Cisplatin day 1 and day 2:** 1L D5 1/2 normal saline with 20 mEq potassium chloride/L IV over 2 hours

**Doxorubicin** 37.5 mg/m<sup>2</sup> = \_\_\_\_\_ mg given IV as a continuous infusion daily x 2 days (48 hours) days 1-2 (Total Dose 75mg/m<sup>2</sup> given over 2 days)

- Pegfilgrastim**     6mg subcutaneously day 4 or 5 of chemo regimen  
 6 mg subcutaneously via OBI to be placed day 3 or 4 of chemo regimen

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cycle # \_\_\_\_\_ of \_\_\_\_\_ Planned**

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Platelets		
Creatinine		
Dose delayed or not given (reason)		
Pre-meds taken? Y/N		
Date of last (q 3 months) ECHO/MUGA		
RN Signature		

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

