PENNSTATE HERSHEY
Cancer Institute

REVISED February 2015

GEMCITABINE

Date written _____ To begin _____

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

Cycle # _____ of _____ Planned

Day	1	8	15
Date			
Weight/BSA			
WBC/ANC			
Hb/Hct			
Platelets			
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. Hold dose and call MD if WBC < 3000 or ANC < 1000; Hct < 25, plts < 100K.

_____

2. Consent Obtained?
☐ Yes

3. Infusion Room General Order will be initiated.

4. Premedications:
Antiemetics:
Ondansetron, 16 mg po 30 minutes prechemo. PO/IV
_____

5. Chemotherapy:

Administer gemcitabine on ☐ **Day 1**

☐ **Day 8**

☐ **Day 15**

Gemcitabine ☐ 600 mg/m^2 = _____ mg IV over _____ minutes

☐ 800 mg/m^2 = _____ mg IV over _____ minutes

☐ 1000 mg/m^2 = _____ mg IV over _____ minutes

☐ _____mg/m^2 = _____ mg IV over _____ minutes

Preparer's Signature _____ Date_____

_____

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

MR CHEMO ORDER