

Doctor's Order Sheet  
**CISplatin 70 - Gemcitabine**  
**1250 Regimen:**  
**CISplatin - Gemcitabine**  
 (Part I)

Adult Chemotherapy- Medical Oncology  
 Hepatocellular Carcinoma Therapy



CC1420 0013 07 2016

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm      Body Surface Area (BSA) = \_\_\_\_\_

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY      Planned Administration Date: DD/MONTH/YYYY  
 Cycle \_\_\_\_\_ of \_\_\_\_\_      **Cycle Duration: 21 days**      Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to** 1.0 X 10<sup>9</sup>/L, platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, Creatinine Clearance **greater than or equal to** 60 mL/minute, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.

**PREMEDICATIONS:**

- Fosaprepitant 150 mg IV in 150 mLs Normal Saline over 30 minutes on Day 1
- Ondansetron 16 mg PO on Day 1
- Dexamethasone 12 mg PO on Day 1
- Metoclopramide 10 mg PO on Day 8
- Other: \_\_\_\_\_

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT; PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION. USER WILL BE SOLELY RESPONSIBLE FOR VERIFYING ITS CURRENCY AND ACCURACY.

Doctor's Order Sheet  
**CISplatin 70 - Gemcitabine**  
**1250 Regimen:**  
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(Part II)  
 Adult Chemotherapy- Medical Oncology  
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HCN: \_\_\_\_\_

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**HYDRATION/SUPPORTIVE CARE:**

**Normal Saline 1000 mLs IV** pre-hydration over 120 minutes pre-CISplatin Day 1.

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**CISplatin 70 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg + mannitol 25 grams IV** in 500 mLs NS  
 infused at 1 mg/min on Day 1

**Dose modification: 70 mg/m<sup>2</sup> X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg + mannitol 25 grams IV** in 500 mLs NS  
 infused at 1 mg/min on Day 1

**Gemcitabine 1250 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg IV** in 250 mLs NS over 30 minutes on Days 1 and 8

**Dose modification: 1250 mg/m<sup>2</sup> X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg IV** in 250 mLs NS  
 over 30 minutes on Days 1 and 8

**HYDRATION/SUPPORTIVE CARE:**

**Magnesium Sulfate 2 grams and Potassium Chloride 20 mEq in 1000 mLs NS IV** over 120 minutes  
 post-CISplatin Day 1.

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

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