

Doctor's Order Sheet
CISplatin 70 - gemcitabine
1000 Regimen:
CISplatin - gemcitabine
 (Part I)

ARIA Protocol Name: Cisp70 D1 Gem1000 D1&8 q21D
 Adult Chemotherapy- Medical Oncology
 Advanced Non-Small Cell Lung Cancer Therapy



CC1940 0065 03 2020

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY
 Cycle _____ of _____

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

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS:

- fosaprepitant 150 mg IV in 150 mLs normal saline over 30 minutes on day 1
- OR
- aprepitant 125 mg PO followed by 80 mg PO on days 2 and 3
- ondansetron 16 mg PO on day 1
- dexamethasone 12 mg PO on day 1
- metoclopramide 10 mg PO on day 8
- Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

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.



Cancer Care Program

Doctor's Order Sheet

CISplatin **70** - gemcitabine **1000**

Regimen:

CISplatin - gemcitabine

(Part II)

ARIA Protocol Name: Cisp70 D1 Gem1000 D1&8 q21D

Adult Chemotherapy- Medical Oncology

Advanced Non-Small Cell Lung Cancer Therapy



CC1940 0065 03 2020

Name: _____

HCN: _____

Date of Birth: _____

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

HYDRATION/SUPPORTIVE CARE:

Normal Saline 1000 mLs IV hydration over 60 minutes pre-CISplatin on day 1.

CHEMOTHERAPY:

gemcitabine 1000 mg/m² X BSA = _____ mg IV in 250 mL normal saline over 30 minutes on days 1 & 8

Dose modification: **1000 mg/m²** X BSA - _____ % = _____ mg IV in 250 mL normal saline over 30 minutes on days 1 & 8

CISplatin 70 mg/m² X BSA = _____ mg + **mannitol 25 grams** IV in 500 mL normal saline infused at 1 mg/min on day 1

Dose modification: **70 mg/m²** X BSA - _____ % = _____ mg + **mannitol 25 grams** IV in 500 mL normal saline infused at 1 mg/min on day 1

HYDRATION/SUPPORTIVE CARE:

magnesium sulfate 2 grams and potassium chloride 20 mEq IV in 1000 mL normal saline over 120 minutes post-CISplatin on day 1

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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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