

CISplatin 70 - gemcitabine

1000 (21 Day) Regimen (Part I)

ARIA Protocol Name: Cisp70 D1 Gem1000 D1&8 q21D

Adult Chemotherapy - Medical Oncology

Urothelial Cancer Therapy



CC3220 0133 09 2020

Name: _____

HCN: _____

Date of Birth: _____

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** 1.5 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 (FOR HOSPITAL PHARMACY):

- fosaprepitant 150 mg IV** in 150 mL 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: _____

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.

Doctor's Order Sheet

**CISplatin 70 - gemcitabine
1000 (21 Day) Regimen (Part II)**

ARIA Protocol Name: Cisp70 D1 Gem1000 D1&8 q21D

Adult Chemotherapy - Medical Oncology

Urothelial Cancer Therapy



CC3220 0133 09 2020

Name: _____

HCN: _____

Date of Birth: _____

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

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

normal saline 1000 mL IV hydration over 60 minutes pre-CISplatin on day 1.

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

gemcitabine 1000 mg/m² X BSA = _____ mg

Dose modification: gemcitabine 1000 mg/m² X BSA - _____ % = _____ mg

IV in 250 mL normal saline over 30 minutes on days 1 and 8

CISplatin 70 mg/m² X BSA = _____ mg + mannitol 25 grams

Dose modification: CISplatin 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 (FOR HOSPITAL PHARMACY):

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

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.