

Doctor's Order Sheet

CISplatin 70 - gemcitabine

1000 (28 Day) Regimen (Part I)

ARIA Protocol Name: Cisp70 D1 Gem1000 D 1,8,15

Adult Chemotherapy - Medical Oncology

Urothelial Cancer Therapy



CC3230 0134 09 2020

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

☐ No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 28 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, 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
- ☐ **dexamethasone 12 mg PO** on day 1
- ☐ **ondansetron 16 mg PO** on day 1
- ☐ **metoclopramide 10 mg PO** on days 8 and 15
- ☐ 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: _____

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Doctor's Order Sheet

CISplatin 70 - gemcitabine

1000 (28 Day) Regimen (Part II)

ARIA Protocol Name: Cisp70 D1 Gem1000 D 1,8,15

Adult Chemotherapy - Medical Oncology

Urothelial Cancer Therapy



CC3230 0134 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, 8 and 15

☐ **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

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Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: _____ DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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