

**CISplatin 35 - gemcitabine**

**1000** Regimen (Part I)

**ARIA Protocol Name:** Cisp35 D1&2 Gem1000 D 1&8

Adult Chemotherapy - Medical Oncology

Adjuvant Urothelial Cancer Therapy



CC3300 0141 12 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**  $1 \times 10^9/L$  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
- ondansetron 16 mg PO** on days 1 and 2
- dexamethasone 12 mg PO** on days 1 and 2
- 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 35 - gemcitabine**

**1000 Regimen (Part II)**

**ARIA Protocol Name: Cisp35 D1&2 Gem1000 D 1&8**

Adult Chemotherapy - Medical Oncology

Adjuvant Urothelial Cancer Therapy



CC3300 0141 12 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 days 1 and 2.

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

gemcitabine 1000 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg

Dose modification: gemcitabine 1000 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg

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

CISplatin 35 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg + mannitol 25 grams

Dose modification: CISplatin 35 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg + mannitol 25 grams

IV in 500 mL normal saline infused at 1 mg/min on days 1 and 2

**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 days 1 and 2

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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