

Doctor's Order Sheet

**CISplatin 70 -  
gemcitabine 1000**

Regimen: (Part I)

**ARIA Protocol Name: Cisp70 D1 Gem1000 D1&8 q21D**

Adult Chemotherapy - Gynecologic Oncology

Ovarian



CC4850 0295 03 2023

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 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Gynecologic 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 8 mg PO** on day 1
  - ondansetron 8 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**

Regimen: (Part II)

**ARIA Protocol Name:** Cisp70 D1 Gem1000 D1&8 q21D

Adult Chemotherapy - Gynecologic Oncology

Ovarian

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

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

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



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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/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 70 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg + **mannitol 25 grams**

Dose modification: **CISplatin 70 mg/m<sup>2</sup>** 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: \_\_\_\_\_

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