

Oregon Health Sciences University
Hospitals and Clinics
Physician's Orders
IP Paclitaxel/Cisplatin

Date: _____
Service _____
Diagnosis _____
Allergies _____
Weight _____ lbs/kg Height _____ in/cm

Cycle _____
Attending _____
ICD-9 _____
Code Status _____
Calculated BSA _____ m²

Day 1--Treatment Date: _____

1. Labs: CBC with diff, CMP, Mag
2. Hold Chemo: for ANC < 1000 or platelets <100,000 T.Bili >2.0 or Serum Creatinine >1.5
3. Pre-meds: 30 minutes prior to paclitaxel

Diphenhydramine 50 mg IVPB
Ranitidine 50 mg IVPB
Dexamethasone 20 mg IVPB
Ondansetron 8mg IVPB

4. ***Paclitaxel 135 mg/m² @ _____ % = _____ mg IV** diluted in 500 mL NS over 3 hours.

Non-pvc bag and tubing plus 0.22 micron filter

Vital signs: q15 minutes x 1 hr. Monitor for dysphagia, urticaria, flushing, and hypotension and bradycardia. Hold infusion and obtain stat ECG for chest pain, HR <50 or >140, SBP <90

Day 2—Treatment Date: _____

5. Hydration: IV NS @ 500 mL/hour throughout the IP infusion

Add 40gm Mannitol/L and 1gm MgSO₄/L to IV NS.

Monitor I&O hourly; Notify MD if urine output < 100mL/hour x 2 hours

6. Pre-meds: 60 minutes prior to Cisplatin

Ondansetron 8mg IVPB
Dexamethasone 12mg IVPB
Aprepitant 125mg PO

7. Access Port-a-Cath per protocol, may use 0.1ml intradermal Lidocaine, for patient comfort. Infuse 300-500mL of warmed NS by gravity. If no adverse effects noted after completion of NS infusion, begin Cisplatin infusion.

8. ***Cisplatin 100mg/m² @ _____ % = _____ mg IP** in 2 L warmed NS, infused by gravity fully open.

If infusion takes longer than 3 hours, notify MD.

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Day 2—Continued, Treatment Date: _____

9. (give Amifostine if box is checked)

Pre-meds: Lorazepam, 1mg IV 30 minutes prior to first Amifostine dose.

Amifostine 500mg IV push in one minute or less every 5 minutes x3, once Cisplatin is infused, for a total of 1500mg. Hypotension and nausea are common adverse reactions. Monitor blood pressure at baseline, and after each of the three Amifostine doses. Contact resident/attending physician if SBP <88 and/or DBP <50.

10. Once infusion is complete, flush with 50-100mL of NS, then 10 mL of low strength (10u/mL) heparinized saline. De-access port-a-cath, and begin patient turning ¼ turn q 15 min x 1 hour. Patient may ambulate after turning is complete. May D/C Foley once patient is ambulatory.

11. Post-Hydration: IV NS @ 500mL/hour x 5 hours

Monitor I&O hourly; Notify MD if urine output < 100mL/hour x 2 hours

12. PRN antiemetics: (not in order of preference)

Metoclopramide 10-30 mg PO/IV q 4 hours prn N/V or

Prochlorperazine 5-10mg PO/IV q 6 hours prn N/V or

Ondansetron 8mg PO or 4 mg IV q 12 hours prn N/V and

Lorazepam 1 mg PO/IV q 6 hours prn N/V or anxiety

13. Discharge meds: (Fill with first cycle with refills)

Aprepitant 80mg PO in am on day 3 and day 4, #2

Dexamethsone 8mg PO on day 3, 4, 5, and 4mg PO on day 6, #7 (4mg tab)

Prochlorperazine 10mg PO q 6-8 hours prn nausea, #30

Prochlorperazine suppository 25 mg pr q 12 hours prn, #4

Lorazepam 1mg PO Q 6 hours prn nausea, #20

14. Other: _____

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Allergies _____
Weight _____ lbs/kg Height _____ in/cm

Cycle _____
Attending _____
ICD-9 _____
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Calculated BSA _____ m²

Day 8—Treatment Date: _____

15. Hydration: IV NS @ 125-250 mL/hour throughout the IP infusion

16. Labs: CBC with diff, CMP, Magnesium

Hold Chemo: for ANC < 1000 or platelets <100,000 T.Bili >2.0 or Serum Creatinine >1.5

17. Pre-meds: 30 minutes prior to paclitaxel

Diphenhydramine 50 mg IVPB

Ranitidine 50mg IVPB

Dexamethasone 10 mg IVP

18. Access Port-a-Cath per protocol, may use 0.1ml intradermal Lidocaine, for patient comfort. Infuse 300-500mL of warmed NS by gravity. If no adverse effects noted after completion of NS infusion, begin Paclitaxel infusion.

19. ***Paclitaxel 60 mg/m² @ _____ % = _____ mg IP** in 2 L warmed NS, infused by gravity fully open.

Vital signs: q15 minutes x 1 hr. Monitor for dysphagia, urticaria, flushing, and hypotension and bradycardia. Hold infusion and obtain stat ECG for chest pain, HR <50 or >140, SBP <90.

If infusion takes longer than 3 hours, notify MD.

20. Once infusion is complete, flush with 50-100mL of NS, then 10 mL of low strength (10u/mL) heparinized saline. De-access port-a-cath, and begin patient turning ¼ turn q 15 min x 1 hour.

Patient may ambulate after turning is complete. May D/C Foley once patient is ambulatory

21. PRN antiemetics: (not in order of preference)

Metoclopramide 10-30mg PO/IV q 4 hours prn N/V or

Prochlorperazine 5-10mg PO/IV q 6 hours prn N/V or

Ondansetron 8mg PO or 4 mg IV q 12 hours prn N/V and

Lorazepam 1 mg PO/IV q 6 hours prn N/V or anxiety

22. Discharge meds:

Prochlorperazine 10mg PO q 6-8 hours prn nausea, #30

Prochlorperazine suppository 25 mg pr q 12 hours prn, #4

Lorazepam 1mg PO Q 6 hours prn nausea, #20

Prepared by: _____ MD signature _____