DOCTORS ORDERS

CISPLATIN (PLATINOL®) ORDERS

CHECK OFF/INITIALS

Height__________ cm  Weight__________ kg  Body surface area_________m²

CYCLE # ______________

1. CBC, CMP, Magnesium.

2. Dextrose 5% in 0.45% sodium chloride 1000 mL to infuse intravenously at 300 mL/hour.
   For diabetics, hang 0.9% sodium chloride 1000 mL to infuse intravenously at 300 mL/hour.
   After 2 hours start:

3. Furosemide (Lasix®) 20 mg Intravenous push, times one dose.

4. Anti-emetic therapy
   □ Palonosetron (Aloxi®) 0.25mg  OR  □ Ondansetron (Zofran®) 16 mg
   AND
   Dexamethasone (Decadron®)  12 mg mixed in 0.9% sodium chloride 50 ml intravenous Piggyback over 20 minutes.
   Aprepitant (Emend®) 125mg by mouth on day 1 followed by
   Aprepitant (Emend®) 80 mg by mouth daily on days 2 and 3.  ❑ Script given
   Dexamethasone (Decadron®) 8 mg by mouth daily on days 2, 3, and 4.  ❑ Script given
   Ondansetron (Zofran®) 8 mg by mouth daily on days 1, 2 and 3 (WHEN ONDANSETRON (ZOFRAN®)
   GIVEN INTRAVENOUS ON DAY 1  ❑ Script given

Check as needed
   ❑ Lorazepam (Ativan®) 0.5mg by mouth every 4 hours as needed  ❑ Script given
   ❑ Pantoprazole (Protonix®) 40 mg by mouth daily  ❑ Script given

5. 20% Mannitol (Osmotrol®) 25 Grams = 125mL intravenous Piggyback.

6. CISplatin (Platinol®)_______mg/m2=____________mg in 500 mL 0.9% sodium chloride with
   12.5 Grams = 62.5mL 20% Mannitol (Osmotrol®) intravenous Piggyback over 3 hours.
   For patients going for radiation therapy, may infuse over 2 hours. Weekly doses may be given over 1 hour.

7. Dextrose 5% in 0.45% sodium chloride 1000 mL with 20 mEq potassium chloride and 16 mEq magnesium sulfate
   intravenously over 2 hours.
   For diabetics, give 0.9% sodium chloride 1000 mL with 20mEq potassium chloride and 16 mEq magnesium sulfate
   intravenously over 2 hours

8. CBC, CMP, Magnesium next week.

<table>
<thead>
<tr>
<th>Physician/Date/Time:</th>
<th>Nurse/Date/Time:</th>
<th>Secretary/Date/Time:</th>
</tr>
</thead>
</table>

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient’s Chart  Fax to Pharmacy

Original: 3/10  Reviewed: 9/10; 10/11;10/12  Revised: 4/11; 9/11;10/12  Form # 7.3-020