PENNSTATE HERSHEY
Cancer Institute

REVISED January 2016

Pemetrexed (Alimta®) /CISPLATIN

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____Diagnosis _____Metastatic Site _____

1. Laboratory Studies: ISTAT Creatinine, CBC, DIFF, PLT
Hold and notify MD if ANC <1500 or PLT <100K
☐ Additional labs needed prior to chemo:
RN to record labs and other information requested on grid, and sign

2. Consent Obtained?
☐ Yes

3. Infusion Room General Order Set will be initiated

4. Premedications:
Hydration: 1 Liter NS over 2 hours pre- Cisplatin,
Fosaprepitant 150 mg IV 30 min pre-chemo
Ondansetron 24 mg orally 30 min pre-chemo
Dexamethasone 12 mg po 30 min pre-chemo

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Creatinine		
Dose delayed or not given (reason)		
RN Signature		

5. Chemotherapy dose calculation:

Pemetrexed ☐ Full dose: 500 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
given IV over 10 minutes, may give while pre-cisplatin hydration running

Cisplatin ☐ Full dose: ____ mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
given IV over 30 minutes

Post-Cisplatin Hydration: 1L D51/2 NS with 20 mEq KCL/L over 2 hours

6. Vitamin B12:
☐ 1000 micrograms intramuscularly x 1 dose today.
☐ None needed

Preparer's Signature _____ Date_____

Attending's Signature **Printed name** **Pager number** **Date** **Time AM/PM**

MR CHEMO ORDER