PENNSTATE HERSHEY
Cancer Institute
1855

REVISED August 2013

Gemcitabine/Oxaliplatin

Date written _____ To begin _____

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

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

2. Consent Obtained?
☐ Yes
☐ Preprinted Consent
☐ See Dictated Note
☐ Note in Chart
☐ No Plan:_____

3. Infusion Room General Order will be initiated.
4. Antiemetics:
Ondansetron, 16 mg PO/IV 30 minutes prechemo day one and eight.
Decadron 20mg PO/IV day one only

Cycle # _____ of _____ Planned

			If chemo delayed
Day	1	8	
Date			
Weight/BSA			
WBC/ANC			
Hb/Hct			
Platelets			
Creatinine			
Dose delayed or not given (reason)			
RN Signature			

5. Chemotherapy (administer in the order written):

Day One:

Gemcitabine ☐ Full dose: 1000 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV over 30 minutes days one and eight

Oxaliplatin ☐ Full dose: 130 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV in 500 ml D5W over 2 hours day one only
(Only compatible with dextrose solutions. Flush line with D5W before and after completion of oxaliplatin. Avoid saline

Day Eight:

Gemcitabine ☐ Full dose: 1000 mg/m^2=_____mg
☐ Instead of full dose, give _____% of dose = _____ mg
IV over 30 minutes days one and eight

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER