



6804

**Cisplatin HIPEC Order Form**

Level of Care:  In-patient  Same-day  Out-patient

**Start Date of This Order:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Diagnosis:** Peritoneal Carcinomatosis  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
 Date weighed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**BSA:** \_\_\_\_\_ m<sup>2</sup>  
 Regimen/Reference: JCO. 2003; 21(24):4560-67  
**Allergies:** \_\_\_\_\_

**Labs:** Date drawn \_\_\_\_\_  
 HCT: \_\_\_\_\_ WBC: \_\_\_\_\_ PLT: \_\_\_\_\_  
 BUN: \_\_\_\_\_ CREAT: \_\_\_\_\_ Other: \_\_\_\_\_  
**Give Treatment:** (check one)  
 If lab work meets the following parameters:  
 \_\_\_\_\_  
 Based on / Despite reviewed lab work of:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ (list lab results if different than above)  
 **Lab work not applicable**

**Drug Regimen:** Drug, Dose/m<sup>2</sup> or kg, Route, Schedule, and Duration  
 Check one of the below dosing regimens.

1.  **Cisplatin 175 mg/m<sup>2</sup> undiluted in an evacuated, empty container via intraperitoneal (IP) injection**

**Cisplatin 200 mg/m<sup>2</sup> undiluted in an evacuated, empty container via intraperitoneal (IP) injection**

2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

**Dose Adjusted?**  Yes  No **Percent Adjusted:** \_\_\_\_\_ % (reduction)  
 Rationale for Adjustment: \_\_\_\_\_

Signature	Date	Time
MD _____	____/____/____	____:____
RN #1 _____	____/____/____	____:____
RN #2 _____	____/____/____	____:____
R.Ph. #1 _____	____/____/____	____:____

**PRN & PREMEDICATIONS:**

**Sodium Thiosulfate 7.5 g/m<sup>2</sup> IV in 100ml D5W  
 Infuse over 20 minutes**

**Sodium Thiosulfate 2.13 g/m<sup>2</sup> IV in 500ml D5W  
 Infuse over 12 hours**

**HYDRATION ORDERS: (PRE CHEMO, DURING, AND POST CHEMO FLUIDS)**

**1. Cisplatin** \_\_\_\_\_ mg **IP**  
**FREQUENCY: Once**

**INSTRUCTIONS:**  
**Administer per procedural guidelines**

**2. Sodium Thiosulfate** \_\_\_\_\_ mg **IV**  
**FREQUENCY: Once**

**INSTRUCTIONS:**  
**Infuse loading dose over 20 minutes prior to cisplatin initiation**

**3. Sodium Thiosulfate** \_\_\_\_\_ mg **IV**  
**FREQUENCY: Once**

**INSTRUCTIONS:**  
**Infuse over 12 hours following the loading dose**

**4. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_  
**FREQUENCY:** \_\_\_\_\_

**INSTRUCTIONS:**

**5. DRUG:** \_\_\_\_\_ **DOSE:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_  
**FREQUENCY:** \_\_\_\_\_  
**INSTRUCTIONS:**