

# Bladder Instillation Order Set

 Phone (616) 394-3547  
 Fax (616) 394-2139

 = Optional Order     = Routine Order    (Cross out and initial **BULLETED ORDERS** that do not apply)

## ORDERS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Diagnosis Code: (ICD-10) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

Allergies: \_\_\_\_\_

 Last TB Test (for BCG only): Date \_\_\_\_\_ TB Test Result \_\_\_\_\_ *\*Initial TB Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*
**MEDICATIONS** *\*Bladder instillations may be administered 1 day before or after scheduled day if necessary.*
 lidocaine 2% topical gel with applicator (Urojet): 10 mL, Intraurethral, As Indicated. Comments: Use if necessary.

 gemcitabine bladder irrigation:

- 2 gram(s), Intravesical, once weekly for 6 weeks. *Comment: For bladder irrigation. Retain for 1 hour*
- 2 gram(s), Intravesical, once monthly x \_\_\_\_\_ treatments. *Comment: For bladder irrigation. Retain for 1 hour*
- 1 gram(s), Intravesical, once weekly for 6 weeks. *Comment: For bladder irrigation. Retain for 1 hour*
- 1 gram(s), Intravesical, once monthly x \_\_\_\_\_ treatments. *Comment: For bladder irrigation. Retain for 1 hour*

 BCG bladder irrigation

- 50 mg, Intravesical. Frequency \_\_\_\_\_  
*Comments: For bladder irrigation. Retain for 2 hours*
- 25 mg, Intravesical. Frequency \_\_\_\_\_  
*Comments: For bladder irrigation. Retain for 2 hours*

 Gemcitabine AND DOCetaxel bladder irrigation protocol for treatment of high-risk non-muscle invasive bladder cancer.

- 2 gram(s), Gemcitabine, Intravesical, once weekly for 6 weeks. *Comment: For bladder irrigation. Retain for 1 hour.*  
**Administer Gemcitabine FIRST.**
- 37.5 mg, DOCetaxel, once weekly for 6 weeks. *Comment: For bladder irrigation. Retain for 2 hrs*

 mitoMYcin bladder irrigation

- 40 mg, Intravesical, once weekly for 6 weeks. *Comment: For bladder irrigation. Retain for 1 hour*
- 40 mg, Intravesical, once monthly x \_\_\_\_\_. *Comment: For bladder irrigation. Retain for 1 hour*

 valrubicin bladder irrigation: 800 mg, Intravesical, As Indicated. *Comment: For bladder irrigation. Retain for 2 hours.*

### LABORATORY

- ATU Manual Urinalysis Dip: ATU only, Urine dipstick to check for leukocytes, nitrites, protein, & glucose.
- Urine culture urinalysis, if indicated

 Notify Provider: If urine dipstick is positive (1+ or higher) for leukocytes or nitrites or if patient is exhibiting s/sx of urinary tract infection, or gross hematuria hold procedure and call provider.

 Notify Provider: If patient misses a scheduled dose.

 Notify Provider: If any untoward drug reaction occurs administer PRN medications as ordered and call provider.

### Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
  - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
  - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O<sub>2</sub> PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO<sub>2</sub> every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name and Credentials (please print): \_\_\_\_\_

Time: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

