

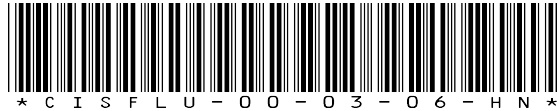


مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## CISplatin / 5-Fluorouracil



Ministry of Health



**Name:**

**File #:**

**Ht (cm):**

**Nationality:**

**Civil ID:**

**Wt (Kg):**

**Gender/Age:**

**DOB:**

**BSA (m<sup>2</sup>):**

**Approved indication(s):** Recurrent / Metastatic Head and Neck Cancer

**Central line:**  Available  NA

**Allergies:**  NKA  Yes, specify; \_\_\_\_\_

**Parameters:** Initiate treatment only if ANC  $\geq$  1000; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl  $>$  45 ml/min

**Pre-treatment Medications:** (30 min before starting treatment)

Ondansetron	8 mg PO/IV
Dexamethasone	12 mg PO/IV
Ranitidine	50 mg PO/IV
Fosaprepitant	150 mg IV in 100 mL NS over 15 min
Chlorphenamine	10 mg PO/IV

### Standard Protocol:

DRUG	DOSE	INSTRUCTIONS	DAYS
CISplatin	100 mg/m <sup>2</sup>	IV In 1000 mL NS over 60 min.	D1
5-Fluorouracil	1000 mg/m <sup>2</sup>	For outpatient: continuous infusion via 5-FU pump over 22 hr or For inpatient: IV in 1000 mL NS over 22 hr	D1, 2, 3, 4
<b>To be repeated every 3 weeks for 6 cycles.</b>			

### Treatment Description:

**Pre-hydration:** 2 Liter NS + KCl 20 mEq + MgSO<sub>4</sub> 8 mEq IV over 2 hrs.

Cycle	DAY	DATE	CISplatin	5-Fluorouracil
C# __	D1			
	D2		XXXXXXXX	
	D3		XXXXXXXX	
	D4		XXXXXXXX	

**Post-hydration:** 2 Liter NS IV over 2 hrs followed by 150 mL Mannitol 20% IV bolus.

**Physician** (Stamp and signature):

**Consultant** (Stamp and signature):