



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

eriBULin (Halaven®)



* E R I - 0 0 0 0 - 0 3 - C N - B R *



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Metastatic breast cancer.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Pre-treatment Medications: (30-60 min before starting treatment)

Ondansetron 8 mg PO/IV

Dexamethasone 12 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
eriBULin	1.4 mg/m ²	IV in 100 mL NS over 5 min.	D1, 8
To be repeated every 3 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	eriBULin	Physician	Consultant
C# __	D1				
	D8				

Cycle	Day	Date	eriBULin	Physician	Consultant
C# __	D1				
	D8				

Cycle	Day	Date	eriBULin	Physician	Consultant
C# __	D1				
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C# __	D1				
	D8				