





Name:
Nationality:
Gender/Age:

File #: Civil ID: DOB: Ht (cm): Wt (Kg): BSA (m²):

 Indication(s): Gastric cancer, metastatic or locally advanced.

 Central line:
 Available
 NA
 Allergies:
 NKA
 Yes, specify; _

Parameters: Initiate treatment only If ANC ≥ 1500; HB ≥ 80; PIt ≥ 100,000; CrCl > 45 ml/min.

Preperatory Medications:

Dexamethazone tab 8 mg at 12, 6, and 2 hrs before DOCEtaxel.

Pre-treatment Medications: (30-60 min before starting treatment)							
Akynzeo	1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOsetron) on Day 1						
Dexamethasone	10 mg PO/IV						
Chlorphenamine	10 mg PO/IV						

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
DOCEtaxel	75 mg/m²	IV In 500 mL NS over 60 min.	D1
CISplatin	75 mg/m²	IV in 1000 mL NS over 60 min.	D1
5-FU (infusion) 750 mg/m ²		For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 22 hr	D1, 2, 3, 4, 5

To be repeated every 3 weeks for 6 cycles.

Special instructions: The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.

Treatment Description:

Pre-hydration: 1 Liter NS + KCl 20 mEq + MgSO₄ 8 mEq IV over 1 hrs.

Cycle	Day	Date	DOCEtaxel	CISplatin	5-FU (infusion)
C#	D1				
	D2		XXXXXXX	XXXXXXX	
	D3		xxxxxx	xxxxxx	
	D4		xxxxxx	xxxxxx	
	D5		XXXXXXX	XXXXXXX	

Post-hydration: 1 Liter NS IV over 1 hrs followed by 150 mL Mannitol 20% IV bolus.

Physician (Stamp and signature)

Consultant (Stamp and signature)