



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

FLOX (5-Fluorouracil / OXALIplatin)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Colon cancer, adjuvant.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only If ANC \geq 1000; HB \geq 80; Plt \geq 100, 0; CrCl > 45 ml/min. Baseline ECHO

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

Ondansetron 8 mg PO/IV

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
OXALIplatin	85 mg/m ²	IV in 500 mL D5W over 60 min.	D1, 15, 29
Leucovorin	500 mg/m ²	IV In 250 mL D5W over 2 hr, simultaneously with OXALIplatin inf.	D1, 8, 15, 22, 29, 36
5-FU (infusion)	500 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 22 hr	D1, 8, 15, 22, 29, 36

To be repeated every 8 week for 3 cycles.

Special instructions: - Avoid ice chips.

Treatment Description:

Cycle	Day	Date	OXALIplatin	Leucovorin	5-FU (infusion)
C# __	D1				
	D8		XXXXXXXX		
	D15				
	D22		XXXXXXXX		
	D29				
	D36		XXXXXXXX		

Physician (Stamp and signature)

Consultant (Stamp and signature)