



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

OXALiplatin



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Locally advanced of metastatic colorectal cancer

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 75,000; CrCl $>$ 45 ml/min.

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 | 130 mg/m ² | IV in 500 mL D5W over 2 hr. | D1 |
| To be repeated every 3 week until disease progression or intolerable toxicity. | | | |

Special instructions: - Avoid ice chips.

Treatment Description:

| Cycle | Date | OXALiplatin | Physician | Consultant |
|-------|------|-------------|-----------|------------|
| C# __ | | | | |
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| C# __ | | | | |

Important Notes:

Reported grade 3/4 toxicities: None Hematological Non-Hematological

If yes; Did it indicate hospitalization? Yes No

Did it indicate chemo-delay for \geq 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No