



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 (m²):** _____

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: (30-60 min before starting treatment)

Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1
Dexamethasone 12 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CISplatin	100 mg/m ²	IV In 1000 mL NS over 60 min.	D1
5-Fluorouracil	1000 mg/m ²	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
To be repeated every 3 weeks for 6 cycles.			

Treatment Description:

Pre-hydration: 2 Liter NS + KCl 20 mEq + MgSO₄ 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.

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

Physician (Stamp and signature)

Consultant (Stamp and signature)