DOCEtaxel (weekly)

مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

Ministry of Health

`* D O C — O O O O O — O 1 — C N — M L *`

Name:	**File #:**	**Ht (cm):**
Nationality:	**Civil ID:**	**Wt (Kg):**
Gender/Age:	**DOB:**	**BSA (m²):**

Indication(s): Multiple malignancies, specify: _____

Central line: ☐ Available   ☐ NA   **Allergies:** ☐ NKA   ☐ Yes, specify; _____

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

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

Ondansetron	8 mg PO/IV
Dexamethasone	10 mg PO/IV
Chlorphenamine	10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
DOCEtaxel	30 mg/m²	IV In 500 mL NS over 60 min.	D1, 8, 15
To be repeated every 4 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	DOCEtaxel	Physician	Consultant
C# __	D1				
	D8				
	D15				

Cycle	Day	Date	DOCEtaxel	Physician	Consultant
C# __	D1				
	D8				
	D15				

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 ≥ 7 days?	☐ Yes	☐ No
	Did it indicate dose reduction?	☐ Yes	☐ No
	Did it indicate G-CSF support?	☐ Yes	☐ No