CARBOplatin / vinCRIStine / CYCLOPHOSPHamide







Name: Nationality: Gender/Age:				Civil ID:		Ht (cm): Wt (Kg): BSA (m²):
		on(s): High r ⁄ailable □	isk adult medullobla NA	astoma Allergies: □ NK	(A ☐ Yes, spec	ify;
Paramete	ers: Initiat	te treatment o	only if ANC ≥ 1500;	HB ≥ 80; Plt ≥ 100,0	00; CrCl > 45 ml/r	min
Ond Dexa	ment Med ansetron amethaso itidine	8 mg ne 12 mg	0 min before startin PO/IV J PO/IV g PO/IV	g treatment)		
Standard Protocol: DRUG			DOSE	INSTRUCTIONS		DAYS
CARBOplatin			AUC 6	IV in 500 mL D	D1	
vinCRIStine			1.5 mg/m²	IV in 50 mL NS ove	mg). D1, 8, 15	
Mesna			350 mg/m²	IV in 50 mL NS over 5 min. D22, 23 Give 3 doses: pre-CYCLOPHOSPHamide and at 3 & 6 hr from starting it.		
CYCLO	PHOSPHa	amide (CYC)	750 mg/m²	IV in 500 mL	D22, 23	
To be re	peated e	very 6 week	s for 4 cycles.			
Special	instruction			o calculate CARBOp mum CARBOplatin o		on serum creatinir
	t Descrip	tion: 1 Liter NS IV	over 2 hrs.			
Cycle	DAY	DATE	CARBOplatin	vinCRIStine	Mesna	CYC
C#	D1				XXXXXXX	xxxxxxx
	D8		XXXXXXX		XXXXXXX	XXXXXXX
	D15		XXXXXXX		XXXXXXX	XXXXXXX
	D22		XXXXXXX	XXXXXXX		
	D23		XXXXXXX	XXXXXXX		

Post-hydration: 2 Liter NS + KCl 20 mEq IV over 24 hrs post-CYCLOPHOSPHamide on D22 & 23.

6 mg SC once after 24 hr from completion of chemo.

Post-treatment Medications: (The recommended home medications)

☐ PEGfilgrastim inj

Physician (Stamp and signature):

Consultant (Stamp and signature):