## NAB-PACLitaxel / CARBOplatin (3 weeks)







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✓ Kuwait Cancer Control Center						Ministry of Healt
Name: Nationality: Gender/Age:				File #: Civil ID: DOB:	Civil ID:	
	n(s): Early, ne: □ Av		s Non-Small Cell Lun NA	g Cancer.  Allergies:  Nk	ίΑ □ Yes, speci	fy;
Paramete	ers: Initiat	e treatment	only if ANC ≥ 1000;	HB ≥ 80; Plt ≥ 100,0	00; CrCl > 45 ml/m	nin.
Ondan		i <b>cations:</b> ( 8 mg F 10 mg		ting treatment)		
Standard	Protocol:					
DRUG		DOSE		ADMINISTRATION		DAYS
NAB-PACLitaxel		100 m	g/m²	IV in 250 mL NS over 30 min.		D1, 8
CARBOplatin		AUC 5		IV in 250 mL D5W over 30 min.		D1
To be re	peated ev	ery 3 weel	s for 4 cycles.			
Special ir	struction		method was used to of AUC 5, the maxim	•		n serum creatinine.
Treatmen	t Descript	tion:				
Cycle	Day	Date	NAB-PACLitaxel	CARBOplatin	Physician	Consultant
C#	D1					
	D8			xxxxxx		
Cycle	Day	Date	NAB-PACLitaxel	CARBOplatin	Physician	Consultant
C#	D1					
	D8			xxxxxx		
Important Report If yes;	ed grade 3 Did it indi Did it indi	3/4 toxicities icate hospit icate chemo icate dose i	alization? o-delay for ≥ 7 days?	☐ Yes ☐ No	n-Hematological	

Did it indicate G-CSF support?

☐ No

☐ Yes