

Regimen Reference Order

H&N – DOCetaxel + CISplatin + fluorouracil (DCF)

ARIA: H&N – [DOCetaxel + CIS + 5FU (Induction)]

Planned Course: Every 21 days for 3 cycles
Indication for Use: Squamous Cell Carcinoma Head and Neck; Induction
CVAD: Required (Ambulatory Pump)

Proceed with treatment if:

- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- Creatinine clearance greater than 45 mL/minute

❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally twice a day the day before DOCetaxel treatment and one dose the morning of DOCetaxel treatment (Self-administered at home) <i>*Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions</i>

Treatment Regimen – H&N – DOCetaxel + CISplatin + fluorouracil (DCF)		
Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
Day 1		
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	4 mg	Orally 30 minutes pre-chemotherapy <i>*Nursing Alert: this dose is in addition to the 8 mg self-administered dose taken at home morning of Day 1</i>
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
DOCetaxel	75 mg/m^2	IV in normal saline 250 mL over 1 hour, following the administration rates below: <ul style="list-style-type: none"> • Administer at 100 mL/hour for 15 minutes, then • Administer remaining volume over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i>

		<p>OR</p> <p>For 500 mL bags (when Pharmacy must prepare DOCEtaxel in 500 mL normal saline for concentration-dependent stability): IV in normal saline 500 mL over 1 hour, following the administration rates below:</p> <ul style="list-style-type: none"> Administer at 200 mL/hour for 15 minutes, then Administer remaining volume over 45 minutes <p><i>Use non-DEHP bags and non-DEHP administration sets</i></p>
normal saline	100 mL	<p>ONLY for patients with a PORT IV over 12 minutes</p> <p><i>*Nursing Alert: This volume is to be administered after standard flush</i></p>
CISplatin	100 mg/m ²	<p>IV in normal saline 500 mL over 1 hour</p> <p><i>*Alert: CISplatin infusion must be complete prior to mannitol administration</i></p>
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
fluorouracil	4000 mg/m ²	IV in D5W continuously over 96 hours by ambulatory infusion device
Days 2 and 3		
normal saline	1000 mL	IV over 2 hours

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period required after DOCEtaxel administration. Patient can be discharged from treatment room whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2, 3 and 4
OLANzapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
 - Instruct patient to continue taking anti-emetic(s) at home
 - Ensure patient has received a home chemotherapy spill kit and instructions for use
 - Instruct patient to notify clinic if having significant diarrhea or vomiting
 - Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy
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ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia