

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)

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 1000mL 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 <i>Use non-DEHP bags and non-DEHP administration sets Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>

normal saline	100 mL	ONLY for patients with a PORT IV over 12 minutes <i>*Nursing Alert: This volume is to be administered after standard flush</i>
CISplatin	100 mg/m ²	IV in normal saline 500 mL over 1 hour <i>*Alert: CISplatin infusion must be complete prior to mannitol administration</i>
mannitol	12.5 g	IV in normal saline 1000mL 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, biochemistry, serum creatinine, urea, liver enzymes and electrolytes 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

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia