



HOSPITAL SULTAN ABDUL AZIZ SHAH
 UNIVERSITI PUTRA MALAYSIA
 Document Code: HSAAS/MEDIC/BR234

**CYTARABINE (ARA-C) FOR ACUTE LEUCOSTASIS IN OLDER PATIENT
 FORM**

NAME :		RN :	
HEIGHT (CM) :		IC :	
WEIGHT (KG) :	BSA (m ₂) :	WARD:	
DIAGNOSIS: Acute Myeloid Leukemia	Discipline:	Remarks:	

CYTARABINE PROTOCOL SUMMARY

Low dose Cytarabine (Ara-C)	Subcutaneous/ Intravenous injection 20mg OD/BD	10 consecutive days, every 4-6 weeks
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References : Mediterranean Journal of Hematology and Infectious Disease

1. Obtain patient's formal consent for R. Counsel accordingly.
2. Review FBC, RP, LFT, Coagulation profile, HIV, Hep C, Hep BsAg and B core antigen before treatment.
3. Ensure to double check the indications and dose with Consultant Haematologist, Medical Officer, Clinical Nurse Specialist and Pharmacist before indenting chemotherapy.
4. The hard copy of this protocol should be kept in patient's hospital chemotherapy file and after completion to be inserted in their major file in the medical record office.
5. Blood product transfusion systemically administered when Haemoglobin <80 g/l , platelet < 20x10⁹

Dose modification:	YES / NO	If YES , state drug, new dose, and reason:	
Drug:	Dose:	Reason:	



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PROTOCOL DECISION

REGIME	1 ST cycle	2 ND cycle	3 RD cycle	4 TH cycle
Dosage of Cytarabine				

Indented by:	Signature:	Date:	
Verified by:	Signature:	Date:	

NAME:	RN:
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Mediterranean Journal of Hematology and Infectious Disease Review

Low dose cytarabine was suggested for patients considered 'unfit' for intensive chemotherapy.

It is relatively well tolerated and can be given in outpatient setting

