



HOSPITAL SULTAN ABDUL AZIZ SHAH  
 UNIVERSITI PUTRA MALAYSIA  
 Kod Dokumen: HSAAS/MEDIC/BR235

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

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

**CYTARABINE PROTOCOL SUMMARY**

<b>Low dose Cytarabine (Ara-C)</b>	Subcutaneous 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 < 20x10<sup>9</sup>

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



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**PROTOCOL DECISION**

REGIME	1 <sup>ST</sup> cycle	2 <sup>ND</sup> cycle	3 <sup>RD</sup> cycle	4 <sup>TH</sup> cycle
Dosage of Cytarabine				

<b>Indented by:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Verified by:</b>	<b>Signature:</b>	<b>Date:</b>

<b>NAME:</b>	<b>RN:</b>
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**Mediterranean Journal of Hematology and Infectious Disease Review**

Low dose cytarabine was suggested for patient considered 'unfit' for intensive chemotherapy.  
It is relatively well tolerated and can be given in outpatient setting



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**CYTARABINE CALENDAR**

DATE	TIME	SIGNATURE	DATE	TIME	SIGNATURE	DATE	TIME	SIGNATURE