

DAILY MEDICATION CLOCK

- On waking: Domperidone (1/3)
- Breakfast: Citalopram 30 mg + Dexamethasone‡ (with food) + DulcoEase
- Mid-morning: Domperidone (2/3)
- Mid-afternoon: DulcoEase
- Dinner: Doxycycline§ + Domperidone (3/3) + Metformin*
- Bedtime: DulcoEase + Dulcolax† + Melatonin¶ (Zopiclone PRN)

* Metformin from Day 4 — see box. † Dulcolax Days 1–7 only. ‡ Dexamethasone: take-home, per hospital script (often Days 1–3); take in the morning, not evening, to limit sleep disruption. § Doxycycline: evening, after food, upright 30 min, 2–3 h from magnesium/iron/calcium/zinc. ¶ Melatonin + zopiclone — confirm which you're continuing.

★ METFORMIN — ATTEMPT AGAIN (DAY 4)

Days 4–5: 1 tab (500 mg MR), dinner

Days 6–14: 2 tabs if tolerated

Failed twice before when the gut was unsettled. Start only if eating normally, no diarrhoea. Stop if GI worsens.

Worth weighing: your gut is worst at Days 4–5 and calm from the Day 8 swing. Starting metformin at Day 8 instead may finally let it stick — raise with [redacted]

ENERGY ARC (FROM CYCLE 4 ACTUALS)

Day	Energy Level
01	Mid
04	Low
07	Mid
08	High
10	High
14	Mid

BOWEL PROTOCOL — DAYS 1–7 THEN STOP

- DulcoEase (docusate): **5 tabs Day 1**, tapering ≈4 → 3 across Days 1–7, spread over the day
- Dulcolax (bisacodyl): ~2 nightly, Days 1–7
- Both stop after Day 7. Laxido on standby if motility stalls / pellet-like stools

★ DEXAMETHASONE — TRIALING THIS CYCLE

Take-home steroid you usually skip

Per hospital script (often Days 1–3)

Take it in the morning, not evening — it disrupts sleep. Lean on zopiclone those nights. You're trialing it to see if it steadies how you feel; note the trade-off between daytime lift and sleep.

RULES ALL CYCLE

- Nap 12–3 PM daily
- Weekends zero work
- Hydrate — water + electrolytes
- Stop before fatigue, not after

Week 1 Infusion (no fast) · steroid days · nadir · metformin attempt

DAY & PHASE	ENERGY	MOVE	WORK	REST & SLEEP	EAT & HYDRATION
Day 1 Wed 14 Oct Infusion day DEXAMETHASONE BOWEL MEDS START	5–7 REST ONLY	Hospital transit & chair time. Strict rest post-discharge. Optional gentle garden stroll if restless.	FCAI · 1 hr max. Essential admin/triage only. Close screen early.	Bed ~10 PM. Sofa/bed rest post-hospital. Expect fragmented sleep — steroid alertness + zopiclone PRN.	No fast this cycle — eat normally pre-infusion. Post-discharge keep it light/warm (broth, soft eggs). Hydration focus.
Day 2 Thu 15 Oct Steroid phase DEXAMETHASONE DULCOEASE + DULCOLAX	4.5–6 STEROID LIFT	Garden Indian clubs or 45-min stroll. Steroid may mask fatigue — cap it, avoid gym lifting.	FCAI · 1–2 hrs. Structured desk tasks, light planning. Stop before fatigue.	Bed ~10 PM. Mandatory nap 12–3 PM. Early waking likely (steroid).	Light & soluble: blended soups, soft eggs, cooked greens, lean poultry. Avoid heavy/fried foods.
Day 3 Fri 16 Oct Steroid washout DEX (LAST DAY?) DULCOEASE + DULCOLAX	4–5 TAPERING	Light garden clubs or gentle walking. Watch for a sudden drop as steroids wash out.	FCAI · 1–2 hrs. Brief urgent tasks before midday. Wrap the FCAI block cleanly.	Bed 9:30–10 PM. Dedicated nap 12–3 PM. 8+ hrs — steroid crash incoming.	Ultra-gentle: warm veg/chicken broth, avocado, soft poached fish/eggs. Small portions; light evenings.
Day 4 Sat 17 Oct The dip / nadir METFORMIN x1 STARTS LAXIDO IF STALLS	3–3.5 FATIGUE WALL	Cellular fatigue wall. Minimal effort. Brief garden air only. Don't fight the lethargy.	Zero work. Hard boundary — no FCAI or screen. Protect mental reserves.	Bed 9–9:30 PM. Priority bed rest 12–3 PM. 9–10+ hrs.	Strict pureed/bland: squash or chicken soup, plain rice, soft eggs. Only start metformin if gut is settled.
Day 5 Sun 18 Oct Peak nadir METFORMIN x1 LAXIDO IF NO MOVEMENT	3–3.5 LOWEST	Lowest reserve. Breathlessness on stairs possible. Radical rest; sofa/bed pacing.	Zero work. Protected family day. Low-stress distraction only.	Bed 9–9:30 PM. Mandatory afternoon sleep 12–3 PM. Prop up if gastric tightness. 9–10 hrs.	Light warm GI load: steamed fish, poached eggs, warm broths. Continuous water + electrolytes.
Day 6 Mon 19 Oct Tail of the dip METFORMIN x2 WATCH — CAN STAY LOW	4–4.5 VARIABLE	Usually lifting by late afternoon — but you've had rough Day 6s. Keep it light; don't commit to much.	K&C · light, flexible. First gentle K&C catch-up only if you feel it. No pressure.	Bed 9:30–10 PM. Full lie-down 12–3 PM. 8–9 hrs. Bank rest in case it's a low one.	Transitioning: soft cooked grains, poached eggs, clear veg stews. Test tolerance before dense solids.
Day 7 Tue 20 Oct Rebound boundary METFORMIN x2 BOWEL MEDS LAST DAY	5–5.5 REBOUND	Motility waking up. Spin bike (Zone 1) or garden clubs, 20–30 min.	K&C · 2 hrs. Focused desk block — architecture mapping & operational review.	Bed 10 PM. 45-min lie-down 12–3 PM. 8 hrs.	Stepping up: lean meats, well-cooked veg, soft potato/rice. Stop DulcoEase + Dulcolax after today.

DAY & PHASE	ENERGY	MOVE	WORK	REST & SLEEP	EAT & HYDRATION
Day 8 Wed 21 Oct The swing — turning point SWING DAY METFORMIN ×2 SKIN CARE ON	6–6.5 LIFTING	Fog breaks today. Spin bike (Zone 1/2) or a first strength session. Walking around Bath. Pace it.	K&C · 2.5–3 hrs. Clarity returns — deep strategic work.	Bed 10 PM . Post-workout lie-down 12–3 PM. 7.5–8 hrs.	Normal solids return, high protein. If metformin's been rough, this is the easier window to start it. Rash care begins.
Day 9 Thu 22 Oct Stamina rebuild METFORMIN ×2 RASH PEAK 9–11	7–7.5 BUILDING	Gym strength training or active garden work. Solid stamina building.	K&C · 3–3.5 hrs. Core product delivery & consultancy. Structured blocks.	Bed 10–10:30 PM . Brief 30-min lie-down 12–3 PM. 7.5–8 hrs.	Full diet — balanced carbs/fats/protein. Rash window: moisturise nose/face/chest.
Day 10 Fri 23 Oct Peak building METFORMIN ×2 RASH CARE	7.5–8 STRONG	Wattbike spin (Zone 2) or gym lift session. Strong physical resilience.	K&C · 3–3.5 hrs. Clear major fortnightly deliverables. Close out the work week.	Bed 10:30 PM . Optional 20-min power nap. 7.5–8 hrs.	Full diet, balanced hydration. Maintain topical cream protocol for EGFR spots.
Day 11 Sat 24 Oct Peak performance METFORMIN ×2	7–7.5 HIGH	Extended family outings in Bath. High stamina; zero nap likely needed.	Zero work. Protected family weekend with Katy, Rex & Lyla.	Bed 10:30–11 PM . Consolidated overnight sleep. 7.5–8.5 hrs.	Full / social eating — family meals, eating out. Keep alcohol minimal (liver + rash flares).
Day 12 Sun 25 Oct Peak performance METFORMIN ×2	6.5–7 STRONG	Active family day, walking, DIY home setup. Strong muscular recovery.	Zero work. Family time. Relaxed mental focus.	Bed 10 PM . Wind down early; protect the sleep bank. 8 hrs.	Whole foods; high water/electrolytes. Keep bowels regular heading into pre-infusion week.
Day 13 Mon 26 Oct Peak output METFORMIN ×2	7 PEAK OUTPUT	PT class or spin (Zone 1/2). Last strong active day of the cycle.	K&C · 4–5 hrs. Peak cognitive output — wrap the fortnight's ~20–24 hr quota.	Bed 9:30–10 PM . Priority deep restorative sleep. 8 hrs.	Normal balanced meals. Keep hydration up and bowels clear ahead of infusion day.
Day 14 Tue 27 Oct Pre-infusion METFORMIN ×2 ZOPICLONE	6.5–7.5 STEADY	Rest day or light movement (gentle walk / stretching). Protect energy reserves.	K&C · 3–4 hrs. Final wrap-up & inbox clear. Close the laptop for chemo week.	Bed 9:30 PM . Zopiclone PRN for solid sleep before the early hospital wake. 8+ hrs.	No fast this cycle — normal balanced meals today. Hydrate well; keep bowels clear ahead of tomorrow.

★ **TO HAVE READY**

From hospital Day 1: take-home dexamethasone — don't leave without it this cycle.

Stock before Wednesday: DulcoEase (enough for 5/day tapering over 7 days), Dulcolax, Laxido (backup), plus metformin, domperidone, citalopram, zopiclone.

Open with [REDACTED]: (1) whether to shift the metformin start to Day 8 given repeated GI intolerance at the nadir; (2) mebendazole still the next off-label agent, and timing. Fenbendazole substitution still unconfirmed.

WHAT'S CHANGED FOR CYCLE 5

No pre-infusion fast — eat normally before Day 1 and on Day 14.

Dexamethasone trialled — taking the take-home steroid (mornings).

New bowel regimen — DulcoEase + Dulcolax daily, Days 1–7, then stop.

Day 6 flagged as a watch day; **Day 8** is your swing.

SKIN CARE & BLOODS

Rash care Days 8–14; peak 9–11 — creams to face/nose/chest.

Bloods every 2–4 wks (liver function + magnesium). Metformin needs renal function watched.

LOADING THE DAILY PILL BOX		
Fill a week at a time, straight from the map. Bowel meds come out after Day 7; metformin goes in from Day 4. Keep it dry (not the bathroom).		
AM compartment (breakfast) - Citalopram 30 mg - Dexamethasone — Days 1–3 (mornings) - DulcoEase — breakfast dose (Days 1–7)	PM compartment (dinner → bedtime) - Doxycycline — at dinner, upright 30 min - Metformin — from Day 4 (×1 D4–5, ×2 D6+) - Dulcolax ~2 + DulcoEase — bedtime, Days 1–7 - Melatonin — if continuing	Keep outside the box (the flexible shelf) - Domperidone ×3 — meal/nausea-timed, keep flexible - DulcoEase daytime doses — taper 5 → 3 across the day - Zopiclone — PRN sleep (more useful on steroid nights) - Laxido — powder sachet (backup); can't go in a pot