

Patient Details

Forename

Surname

Protocol

VINOVELBINE FOR BREAST CANCER

DOB

Patient NO

Local No.

Course Name:

Oral Vinorelbine single agent 80mg/m2 MBC.

Consultant

Ward

Type of line

Diagnosis

Carcinoma of Breast

NHS No

No. of lumen:

SA (m²)

Height (m)

Weight (kg)

Page:1 of 6

| Monitoring | Acceptable Range | | Date Due | Date of Test | Value | Checked |
|-------------------|------------------|--------|----------|--------------|-------|---------|
| Height (m) | | | | | | |
| Weight (kg) | | | | | | |
| SA (m²) | | | | | | |
| ALA TRANSAM2.5ULN | 0.00 | 100.00 | Day [1] | | | |
| ALK PHOSPH 5 ULN | 30.00 | 650.00 | Day [1] | | | |
| BILIRUBIN 1.5ULN | 0.00 | 31.50 | Day [1] | | | |
| CREATININE 1.5ULN | 0.00 | 200.00 | Day [1] | | | |
| NEUTROPHILS > 1.5 | 1.50 | 15.00 | Day [1] | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day [1] | | | |
| ALA TRANSAM2.5ULN | 0.00 | 100.00 | Day [8] | | | |
| ALK PHOSPH 5 ULN | 30.00 | 650.00 | Day [8] | | | |
| BILIRUBIN 1.5ULN | 0.00 | 31.50 | Day [8] | | | |
| CREATININE 1.5ULN | 0.00 | 200.00 | Day [8] | | | |
| NEUTROPHILS > 1.5 | 1.50 | 15.00 | Day [8] | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day [8] | | | |
| ALA TRANSAM2.5ULN | 0.00 | 100.00 | Day [15] | | | |
| ALK PHOSPH 5 ULN | 30.00 | 650.00 | Day [15] | | | |
| BILIRUBIN 1.5ULN | 0.00 | 31.50 | Day [15] | | | |
| CREATININE 1.5ULN | 0.00 | 200.00 | Day [15] | | | |
| NEUTROPHILS > 1.5 | 1.50 | 15.00 | Day [15] | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day [15] | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Additional Prescribing Notes

Vinorelbine is available as 20mg and 30mg capsules.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral
Intrathecal
Oral

1
0
5

Date:

Date:

Date:

Date:

Chart Id.:Preview

Patient Details

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|------------|------------|--|-------------|--|-----------|--|---------------------|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | VINORELBINE FOR BREAST CANCER | | | | | SA (m²) | | | | |
| | | | Course Name | Oral Vinorelbine single agent 80mg/m2 MBC. | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| Consultant | | | Ward | | Diagnosis | | Carcinoma of Breast | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|----------------|------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | ONDANSETRON | | | | | | | | | | | | | | | | | |
| Actual dose | 8 mg | | Duration | | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | STAT | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | To be taken 30 minutes before vinorelbine dose | | | | | | | | | | | | | | | | | |
| Drug & dose | VINORELBINE ORAL | | | | | | | | | | | | | | | | | |
| Actual dose | 160 mg | | Duration | 1 DAY ONLY | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | OD | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | Maximum dose 160mg/ week. | | | | | | | | | | | | | | | | | |

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|---------------|---------------|----------------|--------------------------|-------------------|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | Chart Id.:Preview |
| Date: | Date: | Date: | Date: | |
| / / | / / | / / | / / | |

Patient Details

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|----------|------------|-----------|-------------|--|--|--|--|--|------------|-------------|
| Forename | Surname | | Protocol | VINORELBINE FOR BREAST CANCER | | | | | SA (m²) | |
| | | | Course Name | Oral Vinorelbine single agent 80mg/m2 MBC. | | | | | Height (m) | |
| DOB | Patient NO | Local No. | | NHS No | | | | | | Weight (kg) |
| | | | | | | | | | | |
| | | Ward | | | | | | | | |
| Address | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|----------------|-----|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | METOCLOPRAMIDE | | | | | | | | | | | | | | | | | |
| Actual dose | 10 mg | Duration | PRN | | | | | | | | | | | | | | | |
| Route | PO | Start Date | | | | | | | | | | | | | | | | |
| Frequency | TDS | Start Day | 1 | | | | | | | | | | | | | | | |
| Quantity Dispensed | | Dispensed by | | | | | | | | | | | | | | | | |
| | | Accuracy check | | | | | | | | | | | | | | | | |
| Note | Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____. | | | | | | | | | | | | | | | | | |
| Drug & dose | ONDANSETRON | | | | | | | | | | | | | | | | | |
| Actual dose | 8 mg | Duration | | | | | | | | | | | | | | | | |
| Route | PO | Start Date | | | | | | | | | | | | | | | | |
| Frequency | STAT | Start Day | 8 | | | | | | | | | | | | | | | |
| Quantity Dispensed | | Dispensed by | | | | | | | | | | | | | | | | |
| | | Accuracy check | | | | | | | | | | | | | | | | |
| Note | To be taken 30 minutes before vinorelbine dose. | | | | | | | | | | | | | | | | | |

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|---------------|---------------|----------------|--------------------------|-------------------|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | Chart Id.:Preview |
| Date: | Date: | Date: | Date: | |
| / / | / / | / / | / / | |

Patient Details

| | | | | | | | | | | | | | |
|----------|------------|--|-------------|--|--------|--|--|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | VINORELBINE FOR BREAST CANCER | | | | | SA (m²) | | | | |
| | | | Course Name | Oral Vinorelbine single agent 80mg/m2 MBC. | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| | | | Ward | | | | | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|--|----------------|------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | VINORELBINE ORAL | | | | | | | | | | | | | | | | | |
| Actual dose | 160 mg | | Duration | 1 DAY ONLY | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | OD | | Start Day | 8 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | Maximum dose 160mg/ week. | | | | | | | | | | | | | | | | | |
| Drug & dose | METOCLOPRAMIDE | | | | | | | | | | | | | | | | | |
| Actual dose | 10 mg | | Duration | PRN | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | TDS | | Start Day | 8 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____. | | | | | | | | | | | | | | | | | |

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| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | Chart Id.:Preview |
| Date: | Date: | Date: | Date: | |
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Patient Details

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|----------|------------------|--|-------------|--|--------|--|--|--|--|------------|-------------|--|--|
| Forename | Surname | | Protocol | VINORELBINE FOR BREAST CANCER | | | | | | SA (m²) | | | |
| | | | Course Name | Oral Vinorelbine single agent 80mg/m2 MBC. | | | | | | Height (m) | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | Weight (kg) | | |
| | | | | | | | | | | | | | |
| | | | Ward | | | | | | | | | | |
| Address | Anyroad,Anytown, | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|--|----------------|------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | ONDANSETRON | | | | | | | | | | | | | | | | | |
| Actual dose | 8 mg | | Duration | | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | STAT | | Start Day | 15 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | To be taken 30 minutes before vinorelbine dose. | | | | | | | | | | | | | | | | | |
| Drug & dose | VINORELBINE ORAL | | | | | | | | | | | | | | | | | |
| Actual dose | 160 mg | | Duration | 1 DAY ONLY | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | OD | | Start Day | 15 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | Maximum dose 160mg/ week. | | | | | | | | | | | | | | | | | |

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|---------------|---------------|----------------|--------------------------|-------------------|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | Chart Id.:Preview |
| Date: | Date: | Date: | Date: | |
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Patient Details

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|----------|------------|-----------|-------------|--|--|--|--|--|------------|-------------|--|
| Forename | Surname | | Protocol | VINOIRELBINE FOR BREAST CANCER | | | | | SA (m²) | | |
| | | | Course Name | Oral Vinorelbine single agent 80mg/m2 MBC. | | | | | Height (m) | | |
| DOB | Patient NO | Local No. | | NHS No | | | | | | Weight (kg) | |
| | | | | | | | | | | | |
| | | Ward | | | | | | | | | |
| Address | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|------------|-----|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | METOCLOPRAMIDE | | | | | | | | | | | | | | | | | |
| Actual dose | 10 mg | Duration | PRN | | | | | | | | | | | | | | | |
| Route | PO | Start Date | | | | | | | | | | | | | | | | |
| Frequency | TDS | Start Day | 15 | | | | | | | | | | | | | | | |
| Quantity Dispensed | Dispensed by | | | | | | | | | | | | | | | | | |
| | Accuracy check | | | | | | | | | | | | | | | | | |
| Note | Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____. | | | | | | | | | | | | | | | | | |

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|---------------|---------------|----------------|--------------------------|-------------------|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | Chart Id.:Preview |
| Date: | Date: | Date: | Date: | |
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