

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

VINOURELBINE FOR BREAST CANCER

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Vinorelbine single agent 25mg/m2 MBC.

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

Carcinoma of Breast

NHS No

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]			

Additional Prescribing Notes

Patients previously treated with Doxorubicin appear to develop severe thrombophlebitis post Vinorelbine. Pretreat with Hydrocortisone 100mg IV immediately prior to administration of Vinorelbine.

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/Checked by	Time Start/Stop	Comments			
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>				
1	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>				
1	T=hrs	VINOURELBINE (25mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Max dose 60mg. Infuse over 5-10 mins & leave free flowing infusion running for 15 mins post dose. Monitor for signs of extravasation.			
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div>	2 0 1		
Date:			Date:		Date:		Date:							
							Chart Id.:							

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

VINOURELBINE FOR BREAST CANCER

DOB

Patient NO

Local No.

Course Name:

Vinorelbine single agent 25mg/m2 MBC.

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/ Checked by	Time Start/ Stop	Comments
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	VINOURELBINE (25mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Max dose 60mg. Infuse over 5-10 mins & leave free flowing infusion running for 15 mins post dose. Monitor for signs of extravasation.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Oral Prescription Chart

Chemocare prescription V1.03

Page:3 of 3

Patient Details

Forename	Surname		Protocol	VINORELBINE FOR BREAST CANCER						SA (m²)			
			Course Name	Vinorelbine single agent 25mg/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	METOCLOPRAMIDE																	
Actual dose	10 mg	Duration	PRN															
Route	PO	Start Date																
Frequency	TDS	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
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	If pre-pack supplied record Batch Number : _____.																	

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