

Trust location: _____

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol CARBO + PACLITAXEL

Course Name: Carboplatin AUC 5 and Paclitaxel 175mg/m2

SA (m²)
Height (m)
Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>the chemocare treatment notes. Cockcroft & Gault estimation may be used if EDTA GFR NOT available and modify dose to AUC 6. Carboplatin dose= (non normalised GFR + 25) x AUC</div> <div>If creatinine level increases by >20% from the result used to calculate GFR consider repeating EDTA and discuss with consultant.</div>

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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	PACLITAXEL (175mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter

Allocated by: _____
Date: _____

Confirmed by: _____
Date: _____

Authorised by: _____
Date: _____

Checked by: (Pharmacist) _____
Date: _____

Patient Details

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Protocol

CARBO + PACLITAXEL

Address

DOB

Patient NO

Local No.

Course Name:

Carboplatin AUC 5 and Paclitaxel 175mg/m2

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
1	T=:hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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Date:

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Patient Details

Forename	Surname		Protocol	CARBO + PACLITAXEL										SA (m²)	
	Test		Course Name	Carboplatin AUC 5 and Paclitaxel 175mg/m2										Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant			Ward		Diagnosis										
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	CARBO + PACLITAXEL					SA (m²)				
			Course Name	Carboplatin AUC 5 and Paclitaxel 175mg/m2					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	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	20 mg		Duration	2 DOSES														
Route	PO		Start Date															
Frequency	SEE NOTE		Start Day	21														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Pre-med: To be taken at midnight and at 6am before next cycle of chemotherapy. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	