

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Protocol

COURSE NAME:

Type of line

No. of lumen:

CARBOPLATIN AUC 5 21d cycle

CARBO. AUC 5

SINGLE LINE

Diagnosis

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes Omit dexamethasone on day 1 if patient already taking. Carboplatin dose must be based on an ACCURATE measure of GFR, ideally by EDTA or measured CrCl before 1st cycle and the GFR value and date of test documented in the chemocare treatment notes. If creatinine level increases by >20% from baseline consider repeating EDTA and discuss with consultant.</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.0	1.00	15.00	Day 1				
PLATELETS > 100	100.00	600.00	Day 1				

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	Glucose 5%	IV				<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	

Allocated by: _____

Date: _____

Confirmed by: _____

Date: _____

Authorised by: _____

Date: _____

Checked by: (Pharmacist)

Date: _____

Parenteral

Intrathecal

Oral

1

0

2

Patient Details

Forename	Surname		Protocol	CARBOPLATIN AUC 5 21d cycle										SA (m²)	
			Course Name	CARBO. AUC 5										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	CARBOPLATIN AUC 5 21d cycle										SA (m²)		
			Course Name	CARBO. AUC 5										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 : _____.																	

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