

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

CARBO AUC4+ GEM+ BEVACIZUMAB

Carboplatin AUC4+ Gem 1000mg+ Bevacizumab 15mg

SA (m²)
Height (m)
Weight (kg)

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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	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CARBOPLATIN (AUC4)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	BEVACIZUMAB (15mg/kg)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes. INCOMPATABLE with glucose 5% flush with sodium chloride 0.9%.
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: _____

Confirmed by: _____

Authorised by: _____

Checked by: (Pharmacist) _____

Date: _____

Date: _____

Date: _____

Date: _____

Forename		Surname		Protocol		CARBO AUC4+ GEM+ BEVACIZUMAB								SA (m²)	
				Course Name		Carboplatin AUC4+ Gem 1000mg+ Bevacizumab 15mg								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 AUC4+ GEM+ BEVACIZUMAB					SA (m²)		
			Course Name	Carboplatin AUC4+ Gem 1000mg+ Bevacizumab 15mg					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:	
/ /	/ /	/ /	/ /	