

Patient Details

Forename

Surname

Protocol

CARBO AUC2+PACLITAXEL 80mg/m2

SA (m²)

Address

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 80mg/m2 weekly+ Carboplatin AUC 2

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 1 ULN	0.00	40.00	Day 1			
BILIRUBIN	0.00	21.00	Day 1			
NEUTROPHILS > 1.0	1.00	15.00	Day 1			
PLATELETS> 75	75.00	600.00	Day 1			
ALA TRANSAM 1 ULN	0.00	40.00	Day 8			
BILIRUBIN	0.00	21.00	Day 8			
NEUTROPHILS > 0.5	0.50	15.00	Day 8			
PLATELETS > 50	50.00	600.00	Day 8			
ALA TRANSAM 1 ULN	0.00	40.00	Day 15			
BILIRUBIN	0.00	21.00	Day 15			
NEUTROPHILS > 0.5	0.50	15.00	Day 15			
PLATELETS > 50	50.00	600.00	Day 15			

Additional Prescribing Notes

Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter.

Dexamethasone IV pre-med may be reduced to a minimum of 4mg if no reaction occurs

If Bilirubin >2.5ULN, ALT >2.5ULN, ALK Phos >6ULN omit paclitaxel.

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.

Cycle 3- day 15 omitted prior to surgery

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>	

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

Intrathecal

Oral

4

0

5

Patient Details

Forename _____ Surname _____

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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol CARBO AUC2+PACLITAXEL 80mg/m2

Course Name: Paclitaxel 80mg/m2 weekly+ Carboplatin AUC 2

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	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 (80mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 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. Max dose: 160mg
1	T=hrs	CARBOPLATIN (AUC2)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	05/07/2019 T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	05/07/2019 T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

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

Patient Details

Forename _____ Surname _____

Anyroad,Anytown, _____

DOB _____ Patient NO _____ Local No. _____

Ward _____

NHS No _____

Protocol

CARBO AUC2+PACLITAXEL 80mg/m2

Paclitaxel 80mg/m2 weekly+ Carboplatin AUC 2

Course Name:

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
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	PACLITAXEL (80mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 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. Max dose: 160mg
8	T=hrs	CARBOPLATIN (AUC2)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

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Date:	Date:	Date:	Date:

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NHS No _____

Ward _____

Protocol CARBO AUC2+PACLITAXEL 80mg/m2

Course Name: Paclitaxel 80mg/m2 weekly+ Carboplatin AUC 2

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
15	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	PACLITAXEL (80mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 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. Max dose: 160mg
15	T=hrs	CARBOPLATIN (AUC2)	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:	Date:	Date:	Date:

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			Course Name	Paclitaxel 80mg/m2 weekly+ Carboplatin AUC 2								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 : _____.																	

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Date:	Date:	Date:	Date:	

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			Course Name	Paclitaxel 80mg/m2 weekly+ Carboplatin AUC 2										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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	

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DOB	Patient NO		Local No.		NHS No							Weight (kg)		
			Ward											
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	8														
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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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DOB	Patient NO		Local No.		NHS No								Weight (kg)	
			Ward											
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	15														
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	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

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Address							

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg	Duration	PRN															
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