





Trust location:\_\_\_\_\_

Parenteral Cytotoxic Chart

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_ Protocol \_\_\_\_\_

CARBO AUC5+PACLITAXEL +BEV 15mg















SA (m²)  
Height (m)  
Weight (kg)

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: \_\_\_\_\_

Paclitaxel 175mg/m2+Carbo AUC5+Bevacizumab 15mg/kg

Ward \_\_\_\_\_

NHS No \_\_\_\_\_

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 (0ml)	0 ml	SODIUM CHLORIDE 0.9% 500 ml	IV				 Batch No.		
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				 Batch No.		
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		 Batch No.		
1	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		 Batch No.		
1	T=hrs	PACLITAXEL (175mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		 Batch No.		Use a =/< 0.22 micron in-line filter and a non-PVC IV set.
1	T=hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		 Batch No.		
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				 Batch No.		FLUSH VARIABLE VOLUME

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

Trust location:\_\_\_\_\_

Parenteral Cytotoxic Chart

Patient Details

ForenameSurnameProtocolCARBO AUC5+PACLITAXEL +BEV 15mg

DOBPatient NOLocal No.Course Name:Paclitaxel 175mg/m2+Carbo AUC5+Bevacizumab 15mg/kg

NHS NoWard

SA (m²)  
Height (m)  
Weight (kg)

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	BEVACIZUMAB  (15mg/kg)	mg	SODIUM CHLORIDE 0.9%  100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes. INCOMPATIBLE with glucose 5% flush with sodium chloride 0.9%.

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

Date:Date:Date:Date:Chart Id.:

/ /

Patient Details

Forename	Surname		Protocol	CARBO AUC5+PACLITAXEL +BEV 15mg	SA (m²)
			Course Name	Paclitaxel 175mg/m2+Carbo AUC5+Bevacizumab 15mg/kg	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)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CARBO AUC5+PACLITAXEL +BEV 15mg					SA (m²)				
			Course Name	Paclitaxel 175mg/m2+Carbo AUC5+Bevacizumab 15mg/kg					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 : _____.																	

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Date:	Date:	Date:	Date:	
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