

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Protocol _____

Course Name: _____

Type of line _____

No. of lumen: _____

GEMCITABINE + DOCETAXEL

Gemcitabine 675mg/m2 + Docetaxel 75mg/m2

SINGLE LINE

SA (m²)

Height (m)

Weight (kg)

Page:1 of 4

Diagnosis _____

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM <100	0.00	99.99	Day [1]			
BILIRUBIN	0.00	21.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
ALA TRANSAM <100	0.00	99.99	Day [8]			
BILIRUBIN	0.00	21.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			

Additional Prescribing Notes

Regime emetogenicity: Moderate. Prescribe antiemetics according to NECN guidelines.

Docetaxel

*****Ensure premedication has been taken by patient before infusion is given. Prescribe Dexamethasone 20mg IV (in 100ml sodium chloride over 15 mins) before giving Docetaxel if the patient has NOT taken pre-medication dexamethasone oral tablets on the day before chemotherapy*****

Monitor BP & PULSE before and @ 15 and 30 min after start.

ACUTE ALLERGIC REACTIONS MAY OCCUR .

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	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	GEMCITABINE (675mg/m²)	mg	SODIUM CHLORIDE 0.9% 120 ml	IV		Infuse over 1.5 Hrs at a rate 80 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<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

2

0

2

Patient Details

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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Partial Prescription

0 of 2 Segments

GEMCITABINE + DOCETAXEL

Gemcitabine 675mg/m2 + Docetaxel 75mg/m2

Page: 2 of 4

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
8	T=hrs	GEMCITABINE (675mg/m²)	mg	SODIUM CHLORIDE 0.9% 120 ml	IV		Infuse over 1.5 Hrs at a rate 80 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	DOCETAXEL (75mg/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>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Forename	Surname		Protocol	GEMCITABINE + DOCETAXEL						SA (m²)		
			Course Name	Gemcitabine 675mg/m2 + Docetaxel 75mg/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	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	8 mg	Duration	3 DAYS															
Route	PO	Start Date																
Frequency	BD	Start Day	7															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Starting 24 hours prior to docetaxel.																	

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

Patient Details

Forename	Surname		Protocol	GEMCITABINE + DOCETAXEL					SA (m²)							
			Course Name	Gemcitabine 675mg/m2 + Docetaxel 75mg/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	8														
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:	
/ /	/ /	/ /	/ /	