

Patient Details

Forename

Surname

Protocol

CISPLATIN Single Agent

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Cisplatin 75mg/m2 single agent

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	<div>Additional Prescribing Notes</div> <div>Dose Modification</div> <div>GFR/ Calculated cockcroft must be >50mls/min at each cycle. If below this level dose delay or reduction may be required - discuss with prescriber.</div>
Height (m)							
Weight (kg)							
SA (m²)							
Cockcroft >50mls/min	50.09	300.00	Day [1]				
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	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	APREPITANT (125mg)	125 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before cisplatin
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FUROSEMIDE (20mg)	20 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

Intrathecal

Oral

2

0

2

Trust location: _____

Parenteral Cytotoxic Chart

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Weight (kg)

NHS No

Ward

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	CISPLATIN (75mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr		 Batch No.		
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		 Batch No.		

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Date:

Date:

Date:

Date:

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			Course Name	Cisplatin 75mg/m2 single agent								Height (m)		
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	ONE DAY														
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	ONDANSETRON																	
Actual dose	8 mg		Duration	TWO DAYS														
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:	

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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	APREPITANT																	
Actual dose	80 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	2														
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:	