



Patient Details

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

Address \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

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

Protocol PACLITAXEL 3 WEEKLY

Course Name: Paclitaxel 175mg/m2 single agent

Ward \_\_\_\_\_

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	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	METOCLOPRAMIDE (10mg)	10 mg	None	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 (175mg/m²)	mg	SODIUM CHLORIDE 0.9%  500 ml	IV		Infuse over 3 Hrs at a rate 167 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

Allocated by:  
  
Date:

Confirmed by:  
  
Date:

Authorised by:  
  
Date:

Checked by: (Pharmacist)  
  
Date:

Patient Details

Forename	Surname		Protocol	PACLITAXEL 3 WEEKLY					SA (m²)					
			Course Name	Paclitaxel 175mg/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	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	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 : _____.																	

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