

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

Patient Details

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

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

Consultant \_\_\_\_\_ Ward \_\_\_\_\_

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

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (3 DAY) REGIMEN

BEP 3 DAY REGIMEN cycle 2+

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Type of line \_\_\_\_\_

No. of lumen: \_\_\_\_\_

Diagnosis \_\_\_\_\_

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SA (m²) \_\_\_\_\_

Height (m) \_\_\_\_\_

Weight (kg) \_\_\_\_\_

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
COCKCROFT (>60)	60.00	300.00	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
Cockcroft >50mls/min	50.09	300.00	Day [8]			
Cockcroft >50mls/min	50.09	300.00	Day [15]			

**Additional Prescribing Notes**

GFR & audiology tests need to be performed before cycle 1 whenever possible. PFT's, magnesium levels and tumour markers should be checked before every cycle.

Patients may go ahead on day 1 if ANC <1 and/ or platelets <100 but needs to be discussed with a consultant.

Patients will still go ahead with treatment on days 8 & 15 if ANC <1 and/ or platelets <100 as bleomycin is not myelosuppressive.

Fosaprepitant is given on day 1 only.

For inpatient prescribe antiemetics and other ancillary non-cytotoxics on e-record

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)		SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	FOSAPREPITANT (150mg)	150 mg	SODIUM CHLORIDE 0.9%  150 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Administer over 20-30 mins. Give 30 mins before chemo.
1	T=:hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

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Authorised by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by: (Pharmacist) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chart Id.:Preview

Parenteral 4  
Intrathecal 0  
Oral 3

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Local No.

NHS No

Protocol

Course Name:

Ward

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (3 DAY) REGIMEN

BEP 3 DAY REGIMEN cycle 2+

SA (m²)

Height (m)

Weight (kg)

Page:2 of 7

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	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	ETOPOSIDE (165mg/m²)	mg	SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	BLEOMYCIN (30000unit)	30000 unit	SODIUM CHLORIDE 0.9%  100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Ward \_\_\_\_\_

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Partial Prescription0 of3 Segments

BEP (3 DAY) REGIMEN

BEP 3 DAY REGIMEN cycle 2+

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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
2	T=:hrs	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	T=:hrs	ETOPOSIDE (165mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
3	T=:hrs	ETOPOSIDE (165mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
3	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
3	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	

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

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Ward \_\_\_\_\_

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (3 DAY) REGIMEN

BEP 3 DAY REGIMEN cycle 2+

SA (m²)  
Height (m)  
Weight (kg)

Page:4 of 7

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	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=:hrs	BLEOMYCIN (30000unit)	30000 unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=:hrs	BLEOMYCIN (30000unit)	30000 unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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Date:

Date:

Date:

Chart Id.:Preview

Patient Details

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			Course Name	BEP 3 DAY REGIMEN cycle 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	5 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	4 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)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

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			Course Name	BEP 3 DAY REGIMEN cycle 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	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	If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	
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			Course Name	BEP 3 DAY REGIMEN cycle 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	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	