

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (5 DAY) REGIMEN

BEP 5-DAY REGIMEN cycle 1

Type of line _____ No. of lumen: _____

Protocol _____

Course Name: _____

Diagnosis _____

SA (m²)

Height (m)

Weight (kg)

Page:1 of 8

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
CREATININE(max 130)	0.00	130.00	Day [1]			
GFR MIN 60	60.00	200.00	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: _____ Date: ____/____/____

Authorised by: _____ Date: ____/____/____

Checked by: (Pharmacist) _____ Date: ____/____/____

Chart Id.:Preview

Parenteral

Intrathecal

Oral

5

0

3

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (5 DAY) REGIMEN

BEP 5-DAY REGIMEN cycle 1

SA (m²)
Height (m)
Weight (kg)

Page:2 of 8

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 (20mg/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 (100mg/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)	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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (5 DAY) REGIMEN

BEP 5-DAY REGIMEN cycle 1

SA (m²)
Height (m)
Weight (kg)

Page:3 of 8

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 (20mg/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>	
2	T=:hrs	ETOPOSIDE (100mg/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>	
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>Batch No.</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>Batch No.</div>	<div></div>	
3	T=:hrs	CISPLATIN (20mg/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>	
3	T=:hrs	ETOPOSIDE (100mg/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>	
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>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (5 DAY) REGIMEN

BEP 5-DAY REGIMEN cycle 1

SA (m²)
Height (m)
Weight (kg)

Page:4 of 8

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
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>Batch No.</div>	<div></div>	
4	T=:hrs	CISPLATIN (20mg/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>	
4	T=:hrs	ETOPOSIDE (100mg/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>	
4	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>	
4	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>	
5	T=:hrs	CISPLATIN (20mg/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>	
5	T=:hrs	ETOPOSIDE (100mg/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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date: / /

Date: / /

Date: / /

Date: / /

Chart Id.:Preview

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

BEP (5 DAY) REGIMEN

BEP 5-DAY REGIMEN cycle 1

SA (m²)
Height (m)
Weight (kg)

Page:5 of 8

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
5	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>	
5	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>	
8	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
8	T=:hrs	BLEOMYCIN (30000unit)	unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
15	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
15	T=:hrs	BLEOMYCIN (30000unit)	unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	

Allocated by: _____

Confirmed by: _____

Authorised by: _____

Checked by: (Pharmacist) _____

Date: _____

Date: _____

Date: _____

Date: _____

Chart Id.:Preview

Patient Details

Forename	Surname		Protocol	BEP (5 DAY) REGIMEN					SA (m²)		
			Course Name	BEP 5-DAY REGIMEN cycle 1					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	7 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	6 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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	BEP (5 DAY) REGIMEN										SA (m²)		
			Course Name	BEP 5-DAY REGIMEN cycle 1										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 :_____.																	

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

Patient Details

Forename	Surname		Protocol	BEP (5 DAY) REGIMEN					SA (m²)		
			Course Name	BEP 5-DAY REGIMEN cycle 1					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 : _____.																	

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