

Patient Details

Forename

Surname

Protocol

PACLITAXEL 80mg/m2 WEEKLY

SA (m²)

Address

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 80mg/m2 weekly

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>Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter. Dexamethasone IV pre-med may be reduced to a minimum of 4mg if no reaction occurs</div> |
|-------------------|------------------|--------|----------|--------------|-------|---------|---|
| Height (m) | | | | | | | |
| Weight (kg) | | | | | | | |
| SA (m²) | | | | | | | |
| ALA TRANSAM <100 | 0.00 | 99.99 | Day 1 | | | | |
| BILIRUBIN 1.5ULN | 0.00 | 31.50 | Day 1 | | | | |
| NEUTROPHILS > 1.0 | 1.00 | 15.00 | Day 1 | | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day 1 | | | | |
| ALA TRANSAM <100 | 0.00 | 99.99 | Day 8 | | | | |
| BILIRUBIN 1.5ULN | 0.00 | 31.50 | Day 8 | | | | |
| NEUTROPHILS > 1.0 | 1.00 | 15.00 | Day 8 | | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day 8 | | | | |
| ALA TRANSAM <100 | 0.00 | 99.99 | Day 15 | | | | |
| BILIRUBIN 1.5ULN | 0.00 | 31.50 | Day 15 | | | | |
| NEUTROPHILS > 1.0 | 1.00 | 15.00 | Day 15 | | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day 15 | | | | |
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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 | FREE FLOWING INFUSION (500ml) | 500 ml | SODIUM CHLORIDE 0.9% | IV | | | | <div></div> <div>Batch No.</div> | <div></div> | |
| 1 | T=hrs | METOCLOPRAMIDE (10mg) | 10 mg | | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 1 | T=hrs | CHLORPHENAMINE (10mg) | 10 mg | | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| Allocated by: | | | Confirmed by: | | Authorised by: | | Checked by: (Pharmacist) | | | | <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> |
| Date: | | | Date: | | Date: | | Date: | | | | |
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Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol

PACLITAXEL 80mg/m2 WEEKLY

Course Name: Paclitaxel 80mg/m2 weekly

SA (m²)

Height (m)

Weight (kg)

Page:2 of 5

| 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 | 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 (80mg/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> | Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter |
| 8 | T=hrs | FREE FLOWING INFUSION (500ml) | 500 ml | SODIUM CHLORIDE 0.9% | IV | | | | <div></div> <div>Batch No.</div> | <div></div> | |
| 8 | T=hrs | METOCLOPRAMIDE (10mg) | 10 mg | | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 8 | T=hrs | CHLORPHENAMINE (10mg) | 10 mg | | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 8 | T=hrs | DEXAMETHASONE (8mg) | 8 mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol

Course Name:

Ward _____

PACLITAXEL 80mg/m2 WEEKLY

Paclitaxel 80mg/m2 weekly

SA (m²)

Height (m)

Weight (kg)

Page:3 of 5

| 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 | RANITIDINE (50mg) | 50 mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 8 | T=hrs | PACLITAXEL (80mg/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> | Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter |
| 15 | T=hrs | FREE FLOWING INFUSION (500ml) | 500 ml | SODIUM CHLORIDE 0.9% | IV | | | | <div></div> <div>Batch No.</div> | <div></div> | |
| 15 | T=hrs | METOCLOPRAMIDE (10mg) | 10 mg | | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 15 | T=hrs | CHLORPHENAMINE (10mg) | 10 mg | | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 15 | T=hrs | DEXAMETHASONE (8mg) | 8 mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 15 | 12/07/2020 T=hrs | RANITIDINE (50mg) | 50 mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |

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

Patient Details

Forename

Surname

Protocol

PACLITAXEL 80mg/m2 WEEKLY

Address

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 80mg/m2 weekly

Ward

SA (m²)

Height (m)

Weight (kg)

NHS No

| 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 |
|-----|---------------|---|-------------|------------------------------------|-------|-----------|---|------|----------------------------------|------------------|--|
| 15 | T=hrs | PACLITAXEL (80mg/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> | Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter |

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

| | | | | | | | | | | | | | | | |
|------------|------------|--|-------------|---------------------------|-----------|--|--|--|--|--|--|--|-------------|------------|--|
| Forename | Surname | | Protocol | PACLITAXEL 80mg/m2 WEEKLY | | | | | | | | | | SA (m²) | |
| | | | Course Name | Paclitaxel 80mg/m2 weekly | | | | | | | | | | 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 : _____. | | | | | | | | | | | | | | | | | |

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