

Trust location: _____

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Protocol
TOPOTECAN IN OVARIAN CA

Course Name:
TOPOTECAN (OVARIAN)

Type of line
No. of lumen: _____

Diagnosis _____

SA (m²)
Height (m)
Weight (kg)

Page:1 of 4

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>If GFR 20-39mls/min reduce dose to 0.75mg/m2 If GFR <20mls/min Topotecan is not to be given. Contact consultant.</div> <div>Dose can be increased to 1.5mg/m2 if starting dose of 1.2mg/m2 is tolerated.</div>
Height (m)							
Weight (kg)							
SA (m²)							
Cockcroft >40ml/min	40.00	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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>		
1	T=hrs	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>		
1	T=:hrs	TOPOTECAN (1.2mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	Final infusion volume may be reduced to 50ml depending on final drug concentration	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>		
2	T=hrs	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>		
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				Parenteral	3
Date:			Date:		Date:		Date:				Intrathecal	0
											Oral	1

Patient Details

Forename

Surname

Protocol

TOPOTECAN IN OVARIAN CA

DOB

Patient NO

Local No.

Course Name:

TOPOTECAN (OVARIAN)

Address

Ward

NHS No

SA (m²)

Height (m)

Weight (kg)

Page:2 of 4

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	TOPOTECAN (1.2mg/m²)	mg	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>	Final infusion volume may be reduced to 50ml depending on the final drug concentration
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
3	T=:hrs	TOPOTECAN (1.2mg/m²)	mg	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>	Final infusion volume may be reduced to 50ml depending on final drug concentration
4	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	TOPOTECAN (1.2mg/m²)	mg	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>	Final infusion volume may be reduced to 50ml depending on final drug concentration

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

Patient Details

Forename

Surname

Protocol

TOPOTECAN IN OVARIAN CA

Address

DOB

Patient NO

Local No.

Course Name:

TOPOTECAN (OVARIAN)

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
5	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
5	T=hrs	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
5	T=hrs	TOPOTECAN (1.2mg/m²)	mg	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>	Final infusion volume may be reduced to 50ml depending on final drug concentration

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	TOPOTECAN IN OVARIAN CA										SA (m²)	
			Course Name	TOPOTECAN (OVARIAN)										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 : _____.																	
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg		Duration	SEE NOTE														
Route	PO		Start Date															
Frequency	MDU		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto a maximum of 16mg in 24 hours. If pre-pack supplied record Batch Number : _____.																	

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