

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Protocol

COURSE NAME: _____

Type of line _____

No. of lumen: _____

CARBOPLATIN AUC 2

Carboplatin AUC 2

SINGLE LINE

SA (m²)

Height (m)

Weight (kg)

Page:1 of 8









Diagnosis _____

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day 1			
PLATELETS > 100	100.00	600.00	Day 1			
NEUTROPHILS > 1.0	1.00	15.00	Day 8			
PLATELETS > 100	100.00	600.00	Day 8			
NEUTROPHILS > 1.0	1.00	15.00	Day 15			
PLATELETS > 100	100.00	600.00	Day 15			

Additional Prescribing Notes

Carboplatin dose must be based on an ACCURATE measure of GFR, ideally by EDTA or measured CrCl before 1st cycle and the GFR value and date of test documented in the chemocare treatment notes.

If creatinine level increases by >20% from baseline consider repeating EDTA and discuss with consultant.

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	Glucose 5%	IV				 Batch No.		
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				 Batch No.		
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				 Batch No.		
1	T=hrs	CARBOPLATIN (AUC2)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		 Batch No.		Final infusion volume may be reduced to 100ml depending on final drug concentration

Allocated by: _____

Date: _____

Confirmed by: _____

Date: _____

Authorised by: _____

Date: _____

Checked by: (Pharmacist)

Date: _____

Parenteral

Intrathecal

Oral

3

0

5

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol

CARBOPLATIN AUC 2

Course Name:

Carboplatin AUC 2

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
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	CARBOPLATIN (AUC2)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Final infusion volume may be reduced to 100ml depending on final drug concentration
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<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

CARBOPLATIN AUC 2

Address

DOB

Patient NO

Local No.

Course Name:

Carboplatin AUC 2

NHS No

Ward

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
15	T=hrs	CARBOPLATIN (AUC2)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Final infusion volume may be reduced to 100ml depending on final drug concentration

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	CARBOPLATIN AUC 2					SA (m²)					
			Course Name	Carboplatin AUC 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	2 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	1 DAY														
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)	
Date:	Date:	Date:	Date:	

Patient Details

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			Course Name	Carboplatin AUC 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	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		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)	
Date:	Date:	Date:	Date:	

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			Course Name	Carboplatin AUC 2					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	8														
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	Carboplatin AUC 2						Height (m)						
DOB	Patient NO		Local No.		NHS No						Weight (kg)					
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

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DOB	Patient NO	Local No.		NHS No						Weight (kg)				
		Ward												
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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:	