

Trust location: _____

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Protocol CARBO + LIPOSOMAL DOXORUBICIN

Course Name: Carboplatin + Liposomal Doxorubicin

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	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM 1.5ULN	0.00	60.00	Day 1				
BILIRUBIN (max 20)	0.00	20.00	Day 1				
Cockcroft >30mls/min	30.00	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	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	LIPOSOMAL DOXORUBICIN (30mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Line to be flushed with Glucose 5% ONLY
1	T=hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: _____ Date: _____

Confirmed by: _____ Date: _____

Authorised by: _____ Date: _____

Checked by: (Pharmacist) _____ Date: _____

Parenteral

Intrathecal

Oral

1

0

2

Patient Details

Forename	Surname		Protocol	CARBO + LIPOSOMAL DOXORUBICIN								SA (m²)		
			Course Name	Carboplatin + Liposomal Doxorubicin								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

Forename	Surname		Protocol	CARBO + LIPOSOMAL DOXORUBICIN					SA (m²)				
			Course Name	Carboplatin + Liposomal Doxorubicin					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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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