

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

CISPLATIN + ETOPOSIDE

CISPLATIN + ETOPOSIDE

SINGLE LINE

Diagnosis _____

Protocol _____

Course Name: _____

Type of line _____

No. of lumen: _____

Page:1 of 9

SA (m²) _____

Height (m) _____

Weight (kg) _____

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN	0.00	21.00	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
Cockcroft >50mls/min	50.09	300.00	Day [1]			
MAGNESIUM (mmol/L)	0.70	1.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
BILIRUBIN	0.00	21.00	Day [8]			
CREATININE(max 130)	0.00	130.00	Day [8]			
Cockcroft >50mls/min	50.09	300.00	Day [8]			
MAGNESIUM (mmol/L)	0.70	1.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			
BILIRUBIN	0.00	21.00	Day [15]			
CREATININE(max 130)	0.00	130.00	Day [15]			
Cockcroft >50mls/min	50.09	300.00	Day [15]			
MAGNESIUM (mmol/L)	0.70	1.00	Day [15]			
NEUTROPHILS > 1.0	1.00	15.00	Day [15]			
PLATELETS > 100	100.00	600.00	Day [15]			

Additional Prescribing Notes

If EDTA or CrCl <50 discuss with consultant. If creatinine level increases by >20% from baseline consider repeating EDTA and discuss with consultant.

Encourage patient to maintain high oral fluid intake.

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)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 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)			<div>Parenteral4 Intrathecal0 Oral5</div>	
Date:			Date:		Date:		Date:				
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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

CISPLATIN + ETOPOSIDE

CISPLATIN + ETOPOSIDE

Page:2 of 9

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
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	FUROSEMIDE (20mg)	20 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CISPLATIN (50mg/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	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Protocol _____

Course Name: _____

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Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

CISPLATIN + ETOPOSIDE

CISPLATIN + ETOPOSIDE

Page:3 of 9

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
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	FUROSEMIDE (20mg)	20 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<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>	
15	T=hrs	ONDANSETRON (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:

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Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Partial Prescription0 of3 Segments

CISPLATIN + ETOPOSIDE

CISPLATIN + ETOPOSIDE

Page:4 of 9

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	FUROSEMIDE (20mg)	20 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 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:

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Forename		Surname		Protocol	CISPLATIN + ETOPOSIDE								SA (m²)		
				Course Name	CISPLATIN + ETOPOSIDE								Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant				Ward		Diagnosis									
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ETOPOSIDE																	
Actual dose	50 mg		Duration	15 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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 : _____.																	

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

Forename	Surname		Protocol	CISPLATIN + ETOPOSIDE					SA (m²)				
			Course Name	CISPLATIN + ETOPOSIDE					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	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	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:	
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Patient Details							
Forename	Surname	Protocol	CISPLATIN + ETOPOSIDE				SA (m²)
		Course Name	CISPLATIN + ETOPOSIDE				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	8															
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	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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CISPLATIN + ETOPOSIDE					SA (m²)				
			Course Name	CISPLATIN + ETOPOSIDE					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	8														
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 : _____.																	
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 : _____.																	

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

Patient Details

Forename	Surname		Protocol	CISPLATIN + ETOPOSIDE					SA (m²)				
			Course Name	CISPLATIN + ETOPOSIDE					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	15														
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	15														
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 : _____.																	

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Date:	Date:	Date:	Date:	
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