

Newcastle Teaching

Parenteral Cytotoxic Chart

EMA Chemocare prescription v1.02

Patient Details

ForenameSurnameProtocol

Address

DOBPatient NOLocal No.Course Name:

ConsultantWardType of lineNo. of lumen:

NHS No

EMACOEMA - EMA / CO Persistant GTDDiagnosis

SA (m²)Height (m)Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Cycle normally given in Sheffield</div> <div>Day 2 treatment to be started 24 hours after day 1.</div> <div>Sodium bicarbonate 2g QDS oral + 500ml 1.26% polyfusor</div> <div>IV PRN to maintain urine pH>7 during methotrexate administration.</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM 1 ULN	0.00	40.00	Day 1				
BILIRUBIN	0.00	21.00	Day 1				
CREATININE(max 130)	0.00	130.00	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 (0ml)	0 ml	SODIUM CHLORIDE 0.9%	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	DACTINOMYCIN (0.5mg)	0.5 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	19/05/2016 T=hrs	ETOPOSIDE (100mg/m²)	 mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs 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

2
0
3

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	METHOTREXATE (300mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FREE FLOWING INFUSION (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DACTINOMYCIN (0.5mg)	0.5 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Day 2 to be given 24 hours after day 1
2	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 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:

Forename	Surname		Protocol	EMACO								SA (m²)		
			Course Name	EMA - EMA / CO Persistant GTD								Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)	
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	SODIUM BICARB ORAL																	
Actual dose	2000 mg		Duration															
Route	PO		Start Date															
Frequency	QDS		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To maintain urine pH>7 during methotrexate administration. If urine pH<7 give 500ml 1.26% sodium bicarbonate polyfusor over 4 hours.																	
Drug & dose	DOMPERIDONE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	2														
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	EMACO	
			Course Name	EMA - EMA / CO Persistant GTD	
DOB	Patient NO	Local No.	NHS No		
		Ward			
Address					

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	FOLINIC ACID																	
Actual dose	15 mg	Duration	8 DOSES															
Route	PO	Start Date	20/05/2016															
Frequency	6 HOURS	Start Day	2															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To start 24 hours after start of methotrexate infusion. Eight doses are administered: these may be given iv / oral																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	2 DAYS															
Route	PO	Start Date	21/05/2016															
Frequency	BD	Start Day	3															
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:	

