

Newcastle Teaching

Parenteral Cytotoxic Chart

CO Chemocare prescription v1.03

Patient Details

ForenameSurnameProtocolEMACODOBPatient NOLocal No.Course Name:CO - EMA / CO Persistant GTDAddressHeight (m)Weight (kg)SA (m²)ConsultantWardType of lineNo. of lumen:DiagnosisNHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>EMA normally given in Sheffield. Protocol as advised by Sheffield</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM 1 ULN	0.00	40.00	Day 1				
BILIRUBIN	0.00	21.00	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	VINCRIStINE (0.8mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.
1	T=hrs	CYCLOPHOSPHAMIDE (600mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins 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:Chart Id.:

Parenteral
Intrathecal
Oral

1
0
2

Forename	Surname		Protocol	EMACO										SA (m²)		
			Course Name	CO - 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	FILGRASTIM (G-CSF)																	
Actual dose	microgram		Duration	5 DAYS														
Route	SC		Start Date															
Frequency	OD		Start Day	2														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS 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	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:	

Forename	Surname		Protocol	EMACO										SA (m²)		
			Course Name	CO - EMA / CO Persistant GTD										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	3 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	2														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
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:	