

Test treatment location

Patient Details

Forename
A

Surname
Test

Anyroad,Anytown,

DOB
22/10/1946

Patient NO
<EMPTY>

Local No.
0711106Q

Consultant
VALIDATION

NHS No
000 000 0000

Surname
Test

Protocol
TEST PROTOCOL

Course Name:
BEP 3 DAY REGIMEN cycle 1 (8)

Type of line
No. of lumen:

Diagnosis
Ovary- Low Grade Serous carcinoma

SA (m²)
1.84

Height (m)
1.67

Weight (kg)
75.00

Page:1 of 7

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)				21/12/2017	1.67	
Weight (kg)				21/12/2017	75.00	
SA (m²)				21/12/2017	1.84	
CREATININE(max 130)	0.00	130.00	01/03/2021 [1]			
GFR MIN 60	60.00	200.00	01/03/2021 [1]			
NEUTROPHILS > 1.0	1.00	15.00	01/03/2021 [1]			
PLATELETS > 100	100.00	600.00	01/03/2021 [1]			
Cockcroft >50mls/min	50.09	300.00	08/03/2021 [8]			
Cockcroft >50mls/min	50.09	300.00	15/03/2021 [15]			

Additional Prescribing Notes

GFR & audiology tests need to be performed before cycle 1 whenever possible. PFT's, magnesium levels and tumour markers should be checked before every cycle.

Patients may go ahead on day 1 if ANC <1 and/ or platelets <100 but needs to be discussed with a consultant.

Patients will still go ahead with treatment on days 8 & 15 if ANC <1 and/ or platelets <100 as bleomycin is not myelosuppressive.

Fosaprepitant is given on day 1 only.

For inpatient prescribe antiemetics and other ancillary non-cytotoxics on e-record

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	01/03/2021 T=:hrs	PRE HYDRATION (1000ml)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	01/03/2021 T=:hrs	FOSAPREPITANT (150mg)	150 mg	SODIUM CHLORIDE 0.9% 150 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Administer over 20-30 mins. Give 30 mins before chemo.
1	01/03/2021 T=:hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:
MARK BOUSFIELD

Date:
22/12/2017 12:59

Confirmed by:

Date:
/ /

Authorised by:

Date:
/ /

Checked by: (Pharmacist)

Date:
/ /

Chart Id.:Preview

Parenteral
Intrathecal
Oral

4
0
3

Patient Details

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22/10/1946

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0711106Q

Course Name:

Protocol

TEST PROTOCOL

Ward

Validation

Partial Prescription0 of3 Segments

Page:2 of 7

SA (m²)

1.84

Height (m)

1.67

Weight (kg)

75.00

NHS No

000 000 0000

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	01/03/2021 T=:hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	01/03/2021 T=:hrs	CISPLATIN (50mg/m²)	89 mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	01/03/2021 T=:hrs	ETOPOSIDE (165mg/m²)	300 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	01/03/2021 T=:hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	01/03/2021 T=:hrs	BLEOMYCIN (30000unit)	30000 unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	01/03/2021 T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	01/03/2021 T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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TEST PROTOCOL

Course Name:

BEP 3 DAY REGIMEN cycle 1 (8)

Page:3 of 7

SA (m²)

1.84

Height (m)

1.67

Weight (kg)

75.00

NHS No

000 000 0000

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
2	02/03/2021 T=:hrs	CISPLATIN (50mg/m²)	89 mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	
2	02/03/2021 T=:hrs	ETOPOSIDE (165mg/m²)	300 mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	
2	02/03/2021 T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	
2	02/03/2021 T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	
3	03/03/2021 T=:hrs	ETOPOSIDE (165mg/m²)	300 mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	
3	03/03/2021 T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	
3	03/03/2021 T=:hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div> <div></div>	

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Date:
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Surname
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TEST PROTOCOL

Anyroad,Anytown,
DOB
22/10/1946

Patient NO
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Local No.
0711106Q

Course Name:
BEP 3 DAY REGIMEN cycle 1 (8)

Ward
Validation

NHS No
000 000 0000

SA (m²) 1.84
Height (m) 1.67
Weight (kg) 75.00

Page:4 of 7

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	08/03/2021 T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	08/03/2021 T=:hrs	BLEOMYCIN (30000unit)	30000 unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	15/03/2021 T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	15/03/2021 T=:hrs	BLEOMYCIN (30000unit)	30000 unit	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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Patient Details

Forename	Surname		Protocol		SA (m²)	1.84
A	Test		Course Name	BEP 3 DAY REGIMEN cycle 1 (8)	Height (m)	1.67
DOB	Patient NO	Local No.	NHS No		Weight (kg)	75.00
22/10/1946	<EMPTY>	0711106Q	000 000 0000			
Consultant	VALIDATION	Ward	Validation Ovary- Low Grade Serous carcinoma			
Address	Anyroad,Anytown,					

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	5 DAYS															
Route	PO	Start Date	01/03/2021															
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	4 DAYS															
Route	PO	Start Date	01/03/2021															
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

Patient Details

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A	Test		Course Name	BEP 3 DAY REGIMEN cycle 1 (8)										Height (m)	1.67
DOB	Patient NO	Local No.	NHS No											Weight (kg)	75.00
22/10/1946	<EMPTY>	0711106Q	000 000 0000												
		Ward Validation													
Address	Anyroad,Anytown,														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg	Duration	PRN															
Route	PO	Start Date	01/03/2021															
Frequency	TDS	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	08/03/2021															
Frequency	TDS	Start Day	8															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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A	Test		Course Name	BEP 3 DAY REGIMEN cycle 1 (8)										Height (m)	1.67
DOB	Patient NO	Local No.	NHS No											Weight (kg)	75.00
22/10/1946	<EMPTY>	0711106Q	000 000 0000												
		Ward Validation													
Address	Anyroad,Anytown,														
Record drug allergies or sensitivities															
			Time	Date											
Drug & dose	METOCLOPRAMIDE														
Actual dose	10 mg	Duration	TDS												
Route	PO	Start Date	15/03/2021												
Frequency	PRN	Start Day	15												
Quantity Dispensed		Dispensed by													
		Accuracy check													
Note	If pre-pack supplied record Batch Number : _____.														