

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

EP (3 DAY)

SA (m²)

DOB

Patient NO

Local No.

Course Name:

EP 3 DAY REGIMEN

Height (m)

Consultant

Ward

Type of line

Diagnosis

Weight (kg)

NHS No

No. of lumen:

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
CREATININE(max 130)	0.00	130.00	Day [1]			
GFR MIN 60	60.00	200.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

GFR & audiology tests need to be performed before cycle 1 whenever possible. 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.

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	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	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	T=:hrs	ONDANSETRON (8mg)	8 mg	None	PO				<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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral
Intrathecal
Oral

3
0
2

Date:

Date:

Date:

Date:

Chart Id.:

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EP (3 DAY)

DOB

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Course Name:

EP 3 DAY REGIMEN

NHS No

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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	CISPLATIN (50mg/m²)	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	T=:hrs	ETOPOSIDE (165mg/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 8 Hrs at a rate 125 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 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=:hrs	CISPLATIN (50mg/m²)	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>	
2	T=:hrs	ETOPOSIDE (165mg/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>	
2	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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/ /	/ /	/ /	/ /
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DOB

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SA (m²)

Height (m)

Weight (kg)

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3	T=:hrs	ETOPOSIDE (165mg/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>	
3	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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Chart Id.:

Patient Details

Forename	Surname		Protocol	EP (3 DAY)					SA (m²)		
			Course Name	EP 3 DAY REGIMEN					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	5 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	4 DAYS															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	
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			Course Name	EP 3 DAY REGIMEN					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	If pre-pack supplied record Batch Number : _____.																	

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