

Patient Details

Forename

Surname

Protocol

TOPOTECAN (WEEKLY SCHEDULE)

SA (m²)

Address

DOB

Patient NO

Local No.

Course Name:

Topotecan (Wkly)

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 1.5ULN	0.00	60.00	Day 1			
BILIRUBIN 1.5ULN	0.00	31.50	Day 1			
Cockcroft >40ml/min	40.00	300.00	Day 1			
NEUTROPHILS > 1.5	1.50	15.00	Day 1			
PLATELETS > 100	100.00	600.00	Day 1			
ALA TRANSAM 1.5ULN	0.00	60.00	Day 8			
BILIRUBIN 1.5ULN	0.00	31.50	Day 8			
Cockcroft >40ml/min	40.00	300.00	Day 8			
NEUTROPHILS > 1.5	1.50	15.00	Day 8			
PLATELETS > 100	100.00	600.00	Day 8			
ALA TRANSAM 1.5ULN	0.00	60.00	Day 15			
BILIRUBIN 1.5ULN	0.00	31.50	Day 15			
Cockcroft >40ml/min	40.00	300.00	Day 15			
NEUTROPHILS > 1.5	1.50	15.00	Day 15			
PLATELETS > 100	100.00	600.00	Day 15			

Additional Prescribing Notes

Ca 125 must be taken prior to Day 1 of each cycle.

If GFR 20-39mls/min reduce dose to 50%

If GFR <20mls/min Topotecan is not to be given. Contact consultant.

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 (500ml)	500 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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral 2

Intrathecal 0

Oral 2

Date:

Date:

Date:

Date:

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DOB _____ Patient NO _____ Local No. _____

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Ward _____

SA (m²)
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Weight (kg)

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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	TOPOTECAN (4mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Final infusion volume may be reduced to 50ml depending on final drug concentration
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
8	T=:hrs	TOPOTECAN (4mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Final infusion volume may be reduced to 50ml depending on final drug concentration
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
15	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
15	T=:hrs	TOPOTECAN (4mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Final infusion volume may be reduced to 50ml depending on final drug concentration

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Date:	Date:	Date:	Date:

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DOB	Patient NO		Local No.		NHS No						Weight (kg)			
Consultant			Ward		Diagnosis									
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 : _____.																	
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	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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				Time	Date													
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	Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	