





Patient Details

Forename

Surname

Protocol

CARBO AUC5+PACLITAXEL 3WK +BEV

Page:3 of 6

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 175mg/m2 3wly+Carbo AUC 5+Bevacizumab

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	PACLITAXEL (175mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter
1	T=hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
/ /	/ /	/ /	/ /
			Chart Id.:

Patient Details

Forename

Surname

Protocol

CARBO AUC5+PACLITAXEL 3WK +BEV

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 175mg/m2 3wly+Carbo AUC 5+Bevacizumab

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

Page:4 of 6

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	BEVACIZUMAB  (7.5mg/kg)	mg	SODIUM CHLORIDE 0.9%  100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes. INCOMPATIBLE with glucose 5% flush with sodium chloride 0.9%.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details							
Forename	Surname	Protocol					SA (m²)
		Course Name	Paclitaxel 175mg/m2 3wly+Carbo AUC 5+Bevacizumab				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	2 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	1 DAY															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol						SA (m²)	
			Course Name	Paclitaxel 175mg/m2 3wly+Carbo AUC 5+Bevacizumab					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 : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	20 mg	Duration	2 DOSES															
Route	PO	Start Date																
Frequency	SEE NOTE	Start Day	21															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Pre-med: To be taken at midnight and at 6am before next cycle of chemotherapy. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	