

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ NHS No _____

Protocol CISPLATIN Wkly + RTX

Course Name: Cisplatin wkly + radiotherapy

Type of line _____ No. of lumen: _____

Diagnosis _____

SA (m²) _____ Height (m) _____ Weight (kg) _____

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
Cockcroft >55ml/min	55.00	300.00	Day [1]			
HAEMOGLOBIN 120	120.00	170.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			







Additional Prescribing Notes

The following monitoring is required:
EDTA GFR >= to 50mls/min before 1st & 3rd cycle.
Calculated Cockcroft must be >= to 55mls/min at each cycle - if this is not the case discuss with consultant.
FBC each visit. ANC>= to 1.0, Plats >=to 100.
If Hb<120 - transfuse. NB: Transfusion must be performed within 48 hours

Urgent U&E,s

Cisplatin is to be given within one hour prior to concurrent radiotherapy.

Commence pre-hydration while awaiting U+E results.

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 2 Hrs at a rate 500 ml/hr		 Batch No.		
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				 Batch No.		
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				 Batch No.		

Allocated by: _____ Date: ____/____/____

Confirmed by: _____ Date: ____/____/____

Authorised by: _____ Date: ____/____/____

Checked by: (Pharmacist) _____ Date: ____/____/____

Chart Id.: _____

Parenteral
Intrathecal
Oral

2
0
2

Patient Details

Forename

Surname

Protocol

CISPLATIN Wkly + RTX

DOB

Patient NO

Local No.

Course Name:

Cisplatin wkly + radiotherapy

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	FUROSEMIDE (20mg)	20 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CISPLATIN (40mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Max dose: 70mg
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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Date:

Date:

Date:

Date:

Chart Id.:

Patient Details				
Forename	Surname	Protocol	CISPLATIN Wkly + RTX	SA (m²)
		Course Name	Cisplatin wkly + radiotherapy	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg	Duration	ONE DAY															
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	ONDANSETRON																	
Actual dose	8 mg	Duration	TWO DAYS															
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	CISPLATIN Wkly + RTX					SA (m²)				
			Course Name	Cisplatin wkly + radiotherapy					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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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