

Patient Details

Forename

Surname

Protocol

LIPOSOMAL DOXORUBICIN 40mg/m2

Address

DOB

Patient NO

Local No.

Course Name:

Liposomal Doxorubicin 40mg/m2

SA (m²)

Height (m)

Weight (kg)

Ward

NHS No

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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	LIPOSOMAL DOXORUBICIN (40mg/m²)	mg	Glucose 5% 250 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Administration information- see additional notes

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Forename		Surname		Protocol		LIPOSOMAL DOXORUBICIN 40mg/m2								SA (m²)	
				Course Name		Liposomal Doxorubicin 40mg/m2								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)	
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	LIPOSOMAL DOXORUBICIN 40mg/m2					SA (m²)				
			Course Name	Liposomal Doxorubicin 40mg/m2					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 : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	