

Trust location: \_\_\_\_\_

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

Consultant \_\_\_\_\_ Ward \_\_\_\_\_

NHS No \_\_\_\_\_

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

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Protocol CARBOPLATIN AUC5 + TOPOTECAN

Course Name: Carboplatin AUC 5 + Topotecan 0.75mg/m2

Type of line \_\_\_\_\_ No. of lumen: \_\_\_\_\_

Diagnosis \_\_\_\_\_

SA (m²) \_\_\_\_\_  
Height (m) \_\_\_\_\_  
Weight (kg) \_\_\_\_\_

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Carboplatin dose must be based on an ACCURATE measure of GFR, ideally by EDTA or measured CrCl before 1st cycle and the GFR value and date of test documented in the chemocare treatment notes.</div> <div>If creatinine level increases by &gt;20% from baseline consider repeating EDTA and discuss with consultant.</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				

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><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	TOPOTECAN (0.75mg/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>Batch No.</div></div>	
1	T=hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	

Allocated by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: (Pharmacist) \_\_\_\_\_ Date: \_\_\_\_\_

Parenteral  
Intrathecal  
Oral

2  
0  
2

Patient Details

Forename

Surname

Protocol

CARBOPLATIN AUC5 + TOPOTECAN

DOB

Patient NO

Local No.

Course Name:

Carboplatin AUC 5 + Topotecan 0.75mg/m2

NHS No

Ward

SA (m²)

Height (m)

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
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	TOPOTECAN (0.75mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	TOPOTECAN (0.75mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details										
Forename	Surname	Protocol	CARBOPLATIN AUC5 + TOPOTECAN					SA (m²)		
		Course Name	Carboplatin AUC 5 + Topotecan 0.75mg/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	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 : _____.																	
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:	

Forename		Surname		Protocol		CARBOPLATIN AUC5 + TOPOTECAN						SA (m²)	
				Course Name		Carboplatin AUC 5 + Topotecan 0.75mg/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 : _____.																
Drug & dose		LOPERAMIDE																
Actual dose		2 mg		Duration		SEE NOTE												
Route		PO		Start Date														
Frequency		MDU		Start Day		1												
Quantity Dispensed				Dispensed by														
				Accuracy check														
Note		Take 4mg after first loose stool then 2mg after each loose stool thereafter upto a maximum of 16mg in 24 hours. If pre-pack supplied record Batch Number : _____.																

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