

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

CISPLATIN + ETOPOSIDE

DOB

Patient NO

Local No.

Course Name:

Etoposide PO 50mg/m2 28 day cycle

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN	0.00	21.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	CISPLATIN + ETOPOSIDE										SA (m²)	
			Course Name	Etoposide PO 50mg/m2 28 day cycle										Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant			Ward		Diagnosis										
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ETOPOSIDE																	
Actual dose			Duration	28 days														
Route	PO		Start Date															
Frequency			Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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:	
/ /	/ /	/ /	/ /	