

Patient Details

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

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

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

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

Protocol

SULCUS CISPLAT+ETOPO+XRT

Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT

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

Diagnosis

\_\_\_\_\_

Page:1 of 12

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

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 1.5ULN	0.00	60.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
GFR MIN 60	60.00	200.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
COCKCROFT (>60)	60.00	300.00	Day [8]			
NEUTROPHILS > 1.5	1.50	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			
ALA TRANSAM 1.5ULN	0.00	60.00	Day [29]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [29]			
COCKCROFT (>60)	60.00	300.00	Day [29]			
NEUTROPHILS > 1.5	1.50	15.00	Day [29]			
PLATELETS > 100	100.00	600.00	Day [29]			
COCKCROFT (>60)	60.00	300.00	Day [36]			
NEUTROPHILS > 1.5	1.50	15.00	Day [36]			
PLATELETS > 100	100.00	600.00	Day [36]			

Additional Prescribing Notes

1) Pre treatment EDTA GFR or CrCl >= 60mls/min. If creatinine level increases by >20% from baseline consider repeating EDTA and discuss with consultant.  
2) Urine output must be >100mls/hr prior to start of cisplatin  
3) Radiotherapy to be given within 24 hours of starting Cisplatin.  
4) Maintain Hb >120g/L before starting and during radiotherapy

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)		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>	
1	T=hrs	APREPITANT (125mg)	125 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given one hour before cisplatin

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

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

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

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

Chart Id.:Preview

Parenteral 5  
Intrathecal 0  
Oral 7

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

Patient Details

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

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

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Ward \_\_\_\_\_

Parenteral Cytotoxic Chart

Partial Prescription0 of4 Segments

SULCUS CISPLAT+ETOPO+XRT

Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT

SA (m²)  
Height (m)  
Weight (kg)

Page:2 of 12

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	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Ensure urine output is >100mls/hr prior to start of cisplatin
1	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:  
Date: / /

Confirmed by:  
Date: / /

Authorised by:  
Date: / /

Checked by: (Pharmacist)  
Date: / /

Chart Id.:Preview

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

Patient Details

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

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

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Ward \_\_\_\_\_

Parenteral Cytotoxic Chart

Partial Prescription0 of4 Segments

SULCUS CISPLAT+ETOPO+XRT

Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT

SA (m²)  
Height (m)  
Weight (kg)

Page:3 of 12

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
5	T=hrs	ETOPOSIDE  (50mg/m²)	mg	SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	PRE HYDRATION  (1000ml)		SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	ONDANSETRON  (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	DEXAMETHASONE  (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	CISPLATIN  (50mg/m²)	mg	SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	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>	
29	T=hrs	PRE HYDRATION  (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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

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Date:

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Patient Details

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

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

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Ward \_\_\_\_\_

Parenteral Cytotoxic Chart

Partial Prescription0 of4 Segments

SULCUS CISPLAT+ETOPO+XRT

Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT

SA (m²)  
Height (m)  
Weight (kg)

Page:4 of 12

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
29	T=hrs	APREPITANT (125mg)	125 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given one hour before cisplatin
29	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
29	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
29	T=hrs	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Ensure urine output is >100mls/hr prior to start of cisplatin
29	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
30	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
31	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date: / /

Date: / /

Date: / /

Date: / /

Chart Id.:Preview

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

Patient Details

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

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

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

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

Ward \_\_\_\_\_

Parenteral Cytotoxic Chart

Partial Prescription0 of4 Segments

SULCUS CISPLAT+ETOPO+XRT

Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT

Page:5 of 12

SA (m²)  
Height (m)  
Weight (kg)

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
32	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
33	T=hrs	ETOPOSIDE (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
36	T=hrs	PRE HYDRATION (1000ml)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
36	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
36	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
36	T=hrs	CISPLATIN (50mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
36	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>	

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

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

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Chart Id.:Preview

Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT					SA (m²)				
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT					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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT										SA (m²)		
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT										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	APREPITANT																	
Actual dose	80 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	2														
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.:Preview
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT					SA (m²)				
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
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	8														
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	8														
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.:Preview
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT										SA (m²)		
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT										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	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	29														
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.:Preview
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT										SA (m²)		
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT										Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)			
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	29														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	29														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT										SA (m²)		
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT										Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)			
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	APREPITANT																	
Actual dose	80 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	30														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	36														
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.:Preview
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	SULCUS CISPLAT+ETOPO+XRT						SA (m²)			
			Course Name	Superior Sulcus protocol-Cisplatin+ Etoposide+ XRT						Height (m)			
DOB	Patient NO		Local No.		NHS No						Weight (kg)		
			Ward										
Address	Anyroad,Anytown,												

Record drug allergies or sensitivities

				Time	Date												
Drug & dose	DEXAMETHASONE																
Actual dose	4 mg	Duration	1 DAY														
Route	PO	Start Date															
Frequency	BD	Start Day	36														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																
Drug & dose	METOCLOPRAMIDE																
Actual dose	10 mg	Duration	PRN														
Route	PO	Start Date															
Frequency	TDS	Start Day	36														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	