



# Parenteral Cytotoxic Chart

Chemocare prescription V1.04

## Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

NHS No

PEMETREXED + CARBOPLATIN

Pemetrexed + Carboplatin AUC 5

SA (m²)

Height (m)

Weight (kg)

Ward

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>consultant</div> <div>Dose Modifications</div> <div>For grade 3 toxicity or neutropenic sepsis-</div> <div>Dose reduce Carboplatin to AUC 4 and Pemetrexed to 400mg/m2</div>				

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></div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
1	T=hrs	PEMETREXED (500mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 10 Mins at a rate 600 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></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></div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	PEMETREXED + CARBOPLATIN					SA (m²)				
			Course Name	Pemetrexed + Carboplatin AUC 5					Height (m)				
DOB	Patient NO	Local No.		NHS No						Weight (kg)			
Consultant		Ward		Diagnosis	Non small cell lung cancer								
Address													

Record drug allergies or sensitivities

<b>Administration</b>				Time	Date													
<b>authorised by:</b>																		
Drug & dose	FOLIC ACID																	
Actual dose	400 microgram	Duration	21 DAYS															
Route	PO	Start Date																
Frequency	OD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	A strip of 30 tablets may be dispensed.																	
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 : _____.																	

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

Patient Details

Forename	Surname		Protocol	PEMETREXED + CARBOPLATIN					SA (m²)				
			Course Name	Pemetrexed + Carboplatin AUC 5					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

<b>Administration</b>				Time	Date													
<b>authorised by:</b>																		
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	DEXAMETHASONE																	
Actual dose	4 mg		Duration	3 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	21														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken for 3 days starting 24 hours prior to next course of chemotherapy. If pre-pack supplied record Batch Number : _____.																	

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