

Chemocare prescription V1.05

Surname

PEMETREXED SINGLE AGENT

Weight (kg)

Course Name:

Pemetrexed Single agent

Ward

Type of line

SINGLE LINE

Diagnosis

Non small cell lung cancer

NHS No

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	2
Date:	Date:	Date:	Date:	Intrathecal	0
			Chart Id.:	Oral	2

Patient Details

Forename

Surname

Protocol

PEMETREXED SINGLE AGENT

DOB

Patient NO

Local No.

Course Name:

Pemetrexed Single agent

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

Administration authorised by:

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</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>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	PEMETREXED SINGLE AGENT					SA (m²)		
			Course Name	Pemetrexed Single agent					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

Administration				Time	Date													
authorised by:																		
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	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)	Chart Id.:
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	PEMETREXED SINGLE AGENT					SA (m²)		
			Course Name	Pemetrexed Single agent					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
Address											

Record drug allergies or sensitivities

Administration				Time	Date													
authorised by:																		
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)	Chart Id.:
Date:	Date:	Date:	Date:	