

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

NIVOLUMAB 3mg/kg

SA (m²)

DOB

Patient NO

Local No.

Course Name:

NIVOLUMAB 3mg/kg

Height (m)

Consultant

Ward

Type of line

Diagnosis

Squamous cell

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 3ULN	0.00	120.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day[1]			
Cockcroft >40ml/min	40.00	300.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Perform U+E's, LFT's prior to treatment.
Must be administered as an infusion over 60 minutes.
The infusion must be administered through a sterile, non-pyrogenic, low protein binding in-line filter with a poresize of 0.2-1.2 micron.
Final concentration of the solution should be between 1.0mg/ml and 10mg/ml.
Please ensure patient has been reviewed by medical staff before preparation.
Dose escalation or reduction is not recommended

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>Batch No.</div>	<div></div>	
1	T=hrs	NIVOLUMAB (3mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 1 Hrs at a rate 100 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

0

Date:

Date:

Date:

Date:

Chart Id.:

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