Trust location:_____

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename | Surname

DOB | Patient NO | Local No.

Consultant | Ward

NHS No

Protocol: PEMBROLIZUMAB 200MG

Course Name: Pembrolizumab 200mg

Type of line / No. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

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]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

** Pembrolizumab 200 mg is indicated for NSCLC that has NOT been previously treated with chemotherapy.

Administer through an intravenous line containing an in-line, non-pyrogenic, low protein binding 0.2 to 5micron filter.

Please ensure patient has been reviewed by medical staff before preparation.

Dose reductions are not recommended. Doses are withheld until resolution of toxicity.

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	**PEMBROLIZUMAB** (200mg)	200 mg	SODIUM CHLORIDE 0.9% 100 ml	**IV**		Infuse over 30 Mins at a rate 200 ml/hr		Batch No.		

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)		
Date:	Date:	Date:	Date:	Parenteral Intrathecal Oral	1 0 1

Patient Details

Forename	**Surname**	**Protocol**	PEMBROLIZUMAB 200MG	**SA (m²)**
		Course Name	Pembrolizumab 200mg	**Height (m)**
DOB	**Patient NO**	**Local No.**	**NHS No**	**Weight (kg)**
Consultant		**Ward**	**Diagnosis**	
Address				

Record drug allergies or sensitivities

				Time	**Date**													
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg	**Duration**	SEE NOTE															
Route	PO	**Start Date**																
Frequency	SEE NOTE	**Start Day**	1															
Quantity Dispensed		**Dispensed by**																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto a maximum of 16mg in 24 hours. If pre-pack supplied record Batch Number :_____.																	

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