

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Protocol

Escalated BEACOPDAC

Course Name:

Escalated BEACOPDac SA>2.1m2 cycle 1

Type of line _____

No. of lumen: _____

Diagnosis

SA (m²)

Height (m)

Weight (kg)

Page:1 of 8

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			
COCKCROFT (>60)	60.00	300.00	Day 1			
NEUTROPHILS > 1.0	1.00	15.00	Day 1			
PLATELETS > 80	80.00	600.00	Day 1			
WHITE BLOOD CELL > 2.5	2.50	11.00	Day 1			

Additional Prescribing Notes

Doxorubicin and vincristine can cause pain and tissue necrosis if extravasated.

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	AKYNZEO 300MG/0.5MG (1capsule)	1 capsule		PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 60 minutes prior to chemotherapy
1	T=hrs	DOXORUBICIN (35mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CYCLOPHOSPHAMIDE (1250mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins 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: _____

Parenteral

Intrathecal

Oral

4

0

4

Patient Details

ForenameSurnameProtocol

AddressDOBPatient NOLocal No.Course Name:

NHS No

Escalated BEACOPDAC

Escalated BEACOPDac SA>2.1m2 cycle 1

SA (m²)
Height (m)
Weight (kg)

Page:2 of 8

Ward

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	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DACARBAZINE (250mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	

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

Patient Details

Forename

Surname

Protocol

Address

DOB

Patient NO

Local No.

Course Name:

NHS No

Ward

Escalated BEACOPDAC

Escalated BEACOPDac SA>2.1m2 cycle 1

SA (m²)
Height (m)
Weight (kg)

Page:3 of 8

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
3	T=hrs	DACARBAZINE (250mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 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	VINCRISTINE (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Max dose: 2mg. Infuse over 5-10 minutes.
8	T=hrs	FREE FLOWING INFUSION (100ml)	100 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename _____ Surname _____

Protocol

ESCALATED BEACOPDAC

Address _____

DOB _____ Patient NO _____ Local No. _____

Course Name:

Escalated BEACOPDac SA>2.1m2 cycle 1

Ward _____

NHS No _____

SA (m²)
Height (m)
Weight (kg)

Page:4 of 8

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
8	T=hrs	BLEOMYCIN (10000unit/m²)	unit	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: _____

Confirmed by: _____

Authorised by: _____

Checked by: (Pharmacist) _____

Date: _____

Date: _____

Date: _____

Date: _____

Forename	Surname		Protocol	ESCALATED BEACOPDAC								SA (m²)		
			Course Name	Escalated BEACOPDac SA>2.1m2 cycle 1								Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)	
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose	mg		Duration	14 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	ALLOPURINOL																	
Actual dose	300 mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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

Patient Details

Forename	Surname		Protocol	ESCALATED BEACOPDAC					SA (m²)				
			Course Name	Escalated BEACOPDac SA>2.1m2 cycle 1					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	CO-TRIMOXAZOLE																	
Actual dose	960 mg		Duration	21 DAYS														
Route	PO		Start Date															
Frequency	OD MWF		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken DAILY on Mondays, Wednesdays and Fridays. This is continuous treatment. If pre-pack supplied record Batch Number :_____.																	

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

Forename		Surname		Protocol		ESCALATED BEACOPDAC								SA (m²)	
				Course Name		Escalated BEACOPDac SA>2.1m2 cycle 1								Height (m)	
DOB		Patient NO		Local No.		NHS No								Weight (kg)	
				Ward											
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	21 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																

Note This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.

Drug & dose	RANITIDINE																	
Actual dose	150 mg		Duration	21 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																

Note This is continuous treatment supply original packs. 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	ESCALATED BEACOPDAC										SA (m²)		
			Course Name	Escalated BEACOPDac SA>2.1m2 cycle 1										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	Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose	microgram		Duration	5 DAYS														
Route	SC		Start Date															
Frequency	OD		Start Day	9														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS Discontinue when, after reaching nadir the WBC remains over 1.0 on 3 successive days																	

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