

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

Protocol GDP

Course Name: GDP

Type of line _____ No. of lumen: _____

Diagnosis _____

Page:1 of 5

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)					1.89	
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	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 > 100	100.00	600.00	Day [1]			
NEUTROPHILS > 0.5	0.50	15.00	Day [8]			
PLATELETS > 50	50.00	600.00	Day [8]			

Additional Prescribing Notes

Grade 3 toxicity & neutropenia sepsis dose reduce to:
Cisplatin 60mg/m2 and gemcitabine 900mg/m2.

If creatinine level increases by >20% from baseline for
subsequent cycles, discuss with consultant.

For inpatient prescribe antiemetics and other ancillary
non-cytotoxics on e-record

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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before gemcitabine
1	T=:hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before gemcitabine
1	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with gemcitabine
1	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with pre-hydration

Allocated by: _____ Date: ____/____/____

Confirmed by: _____ Date: ____/____/____

Authorised by: _____ Date: ____/____/____

Checked by: (Pharmacist) _____ Date: ____/____/____

Parenteral
Intrathecal
Oral

2
0
3

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

GDP

GDP

SA (m²)
Height (m)
Weight (kg)

Page:2 of 5

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	CISPLATIN (75mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	MANNITOL 20% (0ml)	ml	None 100 ml	IV		Infuse over 10 Mins at a rate 600 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with cisplatin
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Patient Details

Forename	Surname		Protocol	GDP					SA (m²)				
			Course Name	GDP					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	40 mg		Duration	4 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Give first dose prior to chemotherapy																	
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	GDP					SA (m²)				
			Course Name	GDP					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	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	8														
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	GDP					SA (m²)	
			Course Name	GDP					Height (m)	
DOB	Patient NO	Local No.		NHS No						Weight (kg)
		Ward								
Address										

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose	microgram		Duration	5 DAYS														
Route	SC		Start Date															
Frequency	OD		Start Day	9														
Quantity		Dispensed by																
Dispensed		Accuracy check																
Note	SUBCUTANEOUS BOLUS																	

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